

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC 15 AM 9:23

DOCUMENT #

1. Limited Liability Company's Name

LO4000054429

755 Broad Court North, LLC

200082584002
12/18/06--01006--007 **200.00

CR2E041 (8/05)

2. Principal Office Address

7206 Mill Run Circle

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Naples FL

City & State

Zip

34109

Country

USA

Zip

Country

4. State/Country of Formation

**5. Date Organized or Qualified
To Do Business in Florida**

7/22/04

6. FEI Number

20-1402518

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Edward A. Cedergvist

Street Address (P.O. Box Number is Not Acceptable)

7206 Mill Run Circle

Suite, Apt. #, Etc.

City

Naples

State
FL

Zip Code

34109

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

E Cedergvist

Date 10/11/06

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Petrillo, Enrico	12 Stafford Road	Lynnfield, MA 01940
MGR	Cedergvist, Edward	7206 Mill Run Circle	Naples, FL 34109

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

E Cedergvist
as member

Date 10/11/06

Daytime Phone #

(239)
293-4154

Typed or printed name of signing Managing Member/Manager

Edward A. Cedergvist