

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUL 24 AM 11:25

DOCUMENT # L05000012422

1. Limited Liability Company's Name

Boland's LLC

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #

6158 Reynolds St.
Suite, Apt. #, etc.

3. Mailing Office Address

1403 M. I. Burn Dr
Suite, Apt. #, etc.

City & State

West Palm Beach, FL

City & State

Coukline, NY

Zip

33411

Country

United States

Zip

13748

Country

United States

4. State/Country of Formation

FL / United States

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

2/1/05

6. FEI Number

20-2199754

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

Jason Boland

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

6158 Reynolds Street

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33411

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

Jason Boland
REGISTERED AGENT MUST SIGN

Date 7/18/08

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
MEM	Michael Boland	145 Smith Hill Rd	Binghamton, NY 13905
MEM	Jamin Boland	20 Monroe Street	Binghamton, NY 13904
MEM	Jason Boland	6158 Reynolds Street	West Palm Beach FL 33411
			400133811044 07/31/08--01011--019 **238.75
			400133811044 07/31/08--01011--020 **138.75

REINSTATEMENT 2007-08

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

Michael Boland

Date

7/18/08

Daytime Phone #

607-343-3333

Typed or printed name of signing Managing Member/Manager

Michael Boland