PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

12 MAY 18 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000042797

1. Limited Liability Company's Name

PATRIOT CAPITAL, LLC

REINSTATEMENT 2010-12 JSM

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1626 Ringling Boulevard	1626 Ringling Boulevard
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Fifth Floor, Suite 500	Fifth Floor, Suite 500
City & State	City & State
Sarasota, FL	Sarasota, FL
Zip / Country	Zip / Country
34236 / USA	34236 / USA

4. State/Country of Formation: Florida/USA

5. Date Organized or Qualified To Do Business in Florida: 05/02/2005

6. FEI Number: 202769913 ☐ 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: David H. Rosenberg, Esq.

Street Address (P.O. Box Number is Not Acceptable): 1626 Ringling Boulevard

Suite, Apt. #, Etc.: Fifth Floor, Suite 500

City: Sarasota | State: FL | Zip Code: 34236

E-mail Address:

05/18/12--01027--023 **515.25
800235292438
05/18/12--01027--023 **515.25

David@dhrpl.com

(To be used for future annual report notices)

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 _____ Date 5/17/12

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
MGRM	John Campbell	15 Lady Slipper Lane	Forestdale, MA 02644
MGRM	Robert Dorney	7 King Phillip Place	Foxboro, MA 02035
MGRM	Steve Misotti	5611 Broadmoor Terrace North	Ijamsville, MD 21754
MGRM	Peterben Petras	6 Lakeview Drive	Lynnfield, MA 01940
MGRM	Robert Vandor	P.O. Box 850545	Braintree, MA 02185

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager _____ Date 5/17/12 Daytime Phone # 617-594-7600

Typed or printed name of signing Managing Member/Manager: Robert Dorney