

1062

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2008 DEC -9 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L0500080588

1. Limited Liability Company's Name

Affiance Partners LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 7775 Cooper Road		3. Mailing Office Address 1200 South Pine Island Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Cincinnati, Ohio		City & State Plantation, Florida	
Zip 45242	Country USA	Zip 33324	Country USA

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 08/15/2005	
6. FEI Number 20-3249204	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent	
Name C T Corporation System	
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road	
Suite, Apt. #, Etc.	
City Plantation	State FL
Zip Code 33324	

☐ 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 Carol Record ASST. SECY Carol Record Date 12/9/08
 REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Jason Wolf	7775 Cooper Road	Cincinnati, Ohio 45242
MGRM	Matthew Garretson	7775 Cooper Road	Cincinnati, Ohio 45242

REINSTATEMENT

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 608.408, 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 Matthew Garretson Date 12/8/08 Daytime Phone # 513-794-0400
 Typed or printed name of signing Managing Member/Manager Matthew Garretson, Managing Member

Division of Corporations **L0500080588** 2062 Page 1 of 1

Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT

AFFIANCE PARTNERS LLC

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