

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000122859

1. Limited Liability Company's Name

Traeger Pellet Grills LLC

06

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

9445 SW Ridder Road

Suite, Apt. #, etc.

310

City & State

Wilsonville, OR

Zip

97070

Country

USA

3. Mailing Office Address

9445 SW Ridder Road

Suite, Apt. #, etc.

310

City & State

Wilsonville, OR

Zip

97070

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

December 28, 2005

6. FEI Number

20-4005368

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

CFRA LLC

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

4221 W. Boy Scout Boulevard

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33607-5736

☒ 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

James L. Trumbo

REGISTERED AGENT MUST SIGN

Date August 7, 2008

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	Barish, Keith	55 Fifth Avenue, 16th Floor	New York, NY 10003
Mgr	Keller, William	60 William Street, Suite 130	Wellesley, MA 02481
Mgr	Trumbo, James	9445 SW Ridder Road, Suite 310	Wilsonville, OR 97070
Mgr	Healy, Patrick	4520 Main Street, Suite 1600	Kansas City, MO 64111
Mgr	Stefanov, Nicholas	55 Fifth Avenue, 16th Floor	New York, NY 10003

REINSTATEMENT 2006-2008

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

James Trumbo

Date August 8, 2008

Daytime Phone # (503) 685-6219

Typed or printed name of signing Managing Member/Manager James Trumbo

FILED
08 AUG 13 PM 3:35
TALLAHASSEE, FLORIDA

700134665977
08/20/08--01023--005 **416.25

CR2E041 (12/07)