

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000083234

1. Limited Liability Company's Name

McIntosh Partners, LLC

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

122 Christian Hill Road

Suite, Apt. #, etc.

City & State

Great Barrington, MA

Zip

01230

Country

U. S. A.

3. Mailing Office Address

P. O. 683

Suite, Apt. #, etc.

City & State

Great Barrington, MA

Zip

01230

Country

U. S. A.

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

August 23, 2006

6. FEI Number

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

Carl Hanson

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

1850 Old Dixie Highway

Suite, Apt. #, Etc.

City

Homestead

State

FL

Zip Code

33033

☐ 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

REGISTERED AGENT MUST SIGN

Date May 3, 2010

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	James M. Reynolds	122 Christian Hill Road	Great Barrington, MA 01230

500181051015
05/10/10 01024 006 **655.00

REINSTATEMENT 07-10

11. E-mail Address: jmr@mid-hudson.com

(To be used for future annual report notifications)

12. 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

Date May 10, 2010

Daytime Phone # 518-469-0982

Typed or printed name of signing Managing Member/Manager James M. Reynolds