PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

13 MAR 14 AM 6:08

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

300245675103
CR2E041 (1/11)

DOCUMENT # L11000009233

1. Limited Liability Company's Name
ACUITY PARTNERS, LLC DOCUMENT #L11000009233

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
96 CRAFTS ROAD	96 CRAFTS ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CHESTNUT HILL, MA	City & State: CHESTNUT HILL, MA
Zip: 02467 Country: USA	Zip: 02467 Country: USA

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 1/24/11

6. FEI Number: 27-474-3985 ☐ 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: CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET

Suite, Apt. #, Etc.:

City: TALLAHASSEE State: FL Zip Code: 32301

E-mail Address:
MEHRENREICH@ACUITYPARTNERS.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: Sue G. Knight Assistant Vice President Date: 3-13-13
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
MGR	MICHELLE EHRENREICH	96 CRAFTS ROAD	CHESTNUT HILL, MA 02467
MGR	DONALD HOOTSTEIN	1140 WEST ROXBURY PARKWAY	CHESTNUT HILL, MA 02467
MGR	THOMAS BURNS	478 PINE BEND DRIVE	CHESTERFIELD, MA 63005
REINSTATEMENT		MAR 14 2013	
		R. HUNT	

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: Michelle Ehrenreich Date: 3/13/13 Daytime Phone #: 617-413-5903

Typed or printed name of signing Managing Member/Manager: MICHELLE EHRENREICH

CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 568892 5025134

AUTHORIZATION :

COST LIMIT : $ 377.50

ORDER DATE : March 13, 2013

ORDER TIME : 3:0 PM

ORDER NO. : 568892-005

CUSTOMER NO: 5025134

DOMESTIC FILINGS

NAME: ACUITY PARTNERS, LLC

XX___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - Ext# 52956

EXAMINER'S INITIALS MAR 14 2013

R. HUNT