

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

2 of 2 pages

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

15 OCT 13 PM 4:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

L110000 99080

1. Limited Liability Company's Name  
Fastport LLC

2. Principal Office Address - No P.O. Box #  
3 CRAFTON SQUARE

3. Mailing Office Address  
3 CRAFTON SQUARE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
PITTSBURGH, PA

City & State  
PITTSBURGH, PA

Zip Country  
15205 USA

Zip Country  
15205 USA

CR2E041 (1/14)

4. State/Country of Formation  
Florida

5. Date Organized or Qualified  
To Do Business in Florida 8/29/2011

6. FEI Number  
45-3153637

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  
FRANCIS, RICHARD S.

Street Address (P.O. Box Number is Not Acceptable) Suite.  
1190 OSPREY COURT

Apt. #, Etc.

City  
MARCO ISLAND

State Zip Code  
FL 34145

000278063630

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of  
Registered Agent

*Richard S. Francis*

Date 10/13/2015

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGRM	FRANCIS, RICHARD S.	1190 OSPREY COURT	MARCO ISLAND, FL 34145
MGRM	WILLIAM MCLENNAN	1190 OSPREY COURT	MARCO ISLAND, FL 34145
MGRM	JAMES RAY	499 LONGLEY ROAD	GROTON, MA 01450

11. E-mail Address

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member

*James J. Ray*

Date 10/13/2015

Daytime Phone # 978-877-1412

Typed or printed name of signing authorized representative/member James Ray

000278063630

2af 2pad \* File first  
do not separate  
-please \*

FILED

15 OCT 13 PM 4:40

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ACCOUNT NO. : I200000000195

REFERENCE : 823388 4375305

AUTHORIZATION :

COST LIMIT : \$ 238.75

ORDER DATE : October 7, 2015

ORDER TIME : 3:23 PM

ORDER NO. : 823388-020

CUSTOMER NO: 4375305

DOMESTIC FILINGS

NAME: FASTPORT LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - Ext# 62935

EXAMINER'S INITIALS \_\_\_\_\_

RECEIVED  
2015 OCT 13 PM 4:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA