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APPLICATION FOR
REINSTATEMENT FOR
LIMITED LIABILITY COMPANY



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 DEC 28 PM 12:02

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # L 95000000870**

Royce International, L.C.
188 Garden Street
Farmington, CT 06032

1a. Principal Place of Business Address

Royce International, L.C.
888 East Las Olas Boulevard
Suite 210
Fort Lauderdale, FL 33301

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business
N/A

2a. Mailing Address
N/A

3. Date Organized or Qualified
11/13/95

3a. State of Formation
Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-0618506

☐ Applied For
☐ Not Applicable

City & State

City & State

5. Date of Last Report
5/5/97

6. Certificate of Status Desired
☒ \$8.75 Additional Fee Required ☐

Zip

Country

Zip

Country

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

Peter R. Fazzone
224 Royal Palm Drive
Fort Lauderdale, FL 33301

Name

NRAI Services, Inc.

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

526 E. Park Avenue

Suite, Apt. #, etc.

City

Tallahassee

Zip Code

FL 32301

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

Anthony J. Alexander

Anthony J. Alexander, Asst. Sec. Date December 23, 1998

REGISTERED AGENT MUST SIGN

10. Title

Managing Members/Managers

Business Street Address

City, State & Zip Code

Member/
Manager Peter R. Fazzone

188 Garden Street

Farmington, CT 06032

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***688.75 ***688.75

REINSTATEMENT 1998

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

Peter R. Fazzone

Date 12/21/98

Daytime Phone # 860-678-1667

Typed or printed name of signing Managing Member/Manager Peter R. Fazzone