L95000000870

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 DEC 16 PM 4:51

DOCUMENT # L95000000870

1. Limited Liability Company's Name

ROYCE INTERNATIONAL, L.C.

2. Principal Office Address

888 East Las Olas Blvd.

Suite, Apt. #, etc.

City & State
Ft. Lauderdale, FL

Zip 33301

Country USA

3. Mailing Office Address

188 Garden St.

Suite, Apt. #, etc.

City & State
Farmington, CT

Zip 06032

Country USA

4. State/Country of Formation
FL / USA

5. Date Organized or Qualified To Do Business in Florida   11/13/95

6. FEI Number   65-0618506   ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

8. Name and Address of Current Registered Agent

Name
NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
526 E. Park Avenue

Suite, Apt. #, Etc.

City
Tallahassee

State
FL

Zip Code
32301

MJH

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 _Zulma M. Howarth, Ass't Secy._
REGISTERED AGENT MUST SIGN

Date _12-8-99_

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	Fazzone, Peter R.	188 Garden Street	Farmington, CT 06032

00000030832640--8
-12/29/99--01007--014
****155.00 ****155.00

REINSTATEMENT 1999

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 _____ Date _12-3-99_   Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager _____