

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

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[Handwritten signature]

REINSTATEMENT 2000

DOCUMENT # **L97000001067**

1. Limited Liability Company's Name

7320 LLC

2. Principal Office Address

411 West Putnam Ave Ste 360

Suite, Apt. #, etc.

Suite 360

City & State

Greenwich, CT

Zip

06830

Country

US

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

9-25-97

6. FEI Number

06-1501104

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

**\$3.00 Additional Fee required
for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name

CT Corporation SYSTEM

900003478729--2

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

1200 South Pine Island Rd

-11/28/00--01085-010

*****150.00 ***150.00**

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

[Handwritten signature]

Date **11-6-00**

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	Round Hill Capital, LTD.	411 West Putnam Ave Ste. 360	Greenwich, CT 06830

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

[Handwritten signature: William Crawford]

Date **11-8-00**

Daytime Phone # **203-661-3077**

Typed or printed name of signing Managing Member/Manager

William Crawford VP Round Hill Capital

CR2E041 (9/00)