L98000002817

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

LIMITED LIABILITY COMPANY REINSTATEMENT	**FLORIDA DEPARTMENT OF STATE** Secretary of State DIVISION OF CORPORATIONS	03 MAR 26 AM 9:55 SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT

1. Limited Liability Company's Name   L98000002817

Binghamton Associates, LLC.

2. Principal Office Address 1424 State St	3. Mailing Office Address 1424 State St	4. State/Country of Formation Florida
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Date Organized or Qualified To Do Business in Florida 11/23/98
City & State Sarasota FL	City & State Sarasota FL	6. FEI Number 06 153 1379 Applied For / Not Applicable
Zip 34236 Country US	Zip 34236 Country US	7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name   Kevin Stern

Street Address (P.O. Box Number is Not Acceptable)
1424 State St

2000147801000
03/26/03--01033--007 **25 .00

Suite, Apt. #, Etc.

City   Sarasota   State FL   Zip Code 34236

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 _____
REGISTERED AGENT MUST SIGN

Date   3/24/03

CR2E041 (10/02)

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	David S Band	240 South Pineapple Ave	Sarasota FL 34236
MGRM	Richard C Mooers	1424 State St	Sarasota FL 34236
MGR	Kevin S Stern	1424 State St	Sarasota FL 34236
		REINSTATEMENT 01-03	

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 3/24/03   Daytime Phone # 941-954-8701

Typed or printed name of signing Managing Member/Manager _____