

L98000003021

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 APR 15 PM 2:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

400012565734

02/14/03--01045--025 \*\*250.00

3/3 2002-2003

DOCUMENT # L98000003021

1. Limited Liability Company's Name

Houghton Capital Partners, LLC  
L98000003021

2. Principal Office Address

3637 - 4th St. N.

Suite, Apt. #, etc.

Suite 395

City & State

St. Petersburg, FL

Zip

33704

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified  
To Do Business in Florida

11/30/98

6. FEI Number

59-3545994

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

Beth A. Houghton

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

3637 - 4th St. N.

Suite, Apt. #, Etc.

Suite 395

City

St. Petersburg

State

FL

Zip Code

33704

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

Beth A. Houghton

Date

4/15/03

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
MGRM	Beth A. Houghton	3637 - 4th St. N. Suite 395	St. Petersburg, FL 33704

REINSTATEMENT 02-03

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

Beth A. Houghton

Date

2/11/03

Daytime Phone #

287-822-7212

Typed or printed name of signing Managing Member/Manager