

L99000003867

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**

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

02 JAN 14 AM 9:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000003867

1. Limited Liability Company's Name  
MOHIGAN, L.L.C.

2. Principal Office Address  
4240 N.E. 31ST PLACE

Suite, Apt. #, etc.

City & State  
LIGHTHOUSE POINT, FL

Zip Country  
33064 USA

3. Mailing Office Address  
P.O. BOX 3208W

Suite, Apt. #, etc.

City & State  
WAQUOIT, MA

Zip Country  
02536 USA

11/4

2001

BJH

4. State/Country of Formation  
FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida 06/30/1999

6. FEI Number Applied For  
65-0930347 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  
CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)  
1201 HAYS STREET

Suite, Apt. #, Etc.

City  
TALLAHASSEE

State Zip Code  
FL 32301-2525

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\*\*\*\*150.00 \*\*\*\*150.00

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

**Brian Courtney**  
Asst. V. Pres.

Date 1-11-02

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	CAPOZZOLI, L. RONALD SR.	PO BOX 3208W	WAQUOIT, MA 02536

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

*L. Ronald Capozzoli Sr.*

Date 12/18/01 Daytime Phone # 781-760-7095

Typed or printed name of signing Managing Member/Manager L. RONALD CAPOZZOLI