

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

00 OCT 27 PM 11:02

DOCUMENT # **L99000008306**

1. Limited Liability Company's Name

Berkshire Halifax, LLC

REINSTATEMENT ^f **2000**

2. Principal Office Address

12230 Forest Hill Blvd

Suite, Apt. #, etc.

Suite 120

City & State

Wellington, FL

Zip

33414

Country

USA

3. Mailing Office Address

Same as principal.

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

11/30/99

6. FEI Number

65-0982846

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

Holly Chaney - Berkshire Halifax

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

12230 Forest Hill Blvd.

Suite, Apt. #, Etc.

Suite 120

City

Wellington,

State

FL

Zip Code

33414

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

Holly Chaney

REGISTERED AGENT MUST SIGN

Date

10/26/00

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
Mr.	Kenneth E. Brown	12230 Forest Hill Blvd. S. 120	Wellington, FL 33414
			6000003456876-0
			-11/08/00--01025--030
			****155.00 ****155.00

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

Kenneth E. Brown

Date **10/26/00**

Daytime Phone # **561-227-1539**

Typed or printed name of signing Managing Member/Manager

Kenneth E. Brown

CR2E041 (9/00)