

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 APR 21 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L99000008306**

1. Limited Liability Company's Name

BERKSHIRE HALIFAX L.L.C.

2. Principal Office Address

234 ARLINGTON RD

Suite, Apt. #, etc.

3. Mailing Office Address

234 ARLINGTON RD

Suite, Apt. #, etc.

City & State

W. PALM BEACH, FL

City & State

W. PALM BEACH, FL

Zip

33405

Country

USA

Zip

33405

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

11/30/1999

6. FEI Number

650982846

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

KENNETH E. BROWN

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

234 ARLINGTON ROAD

Suite, Apt. #, Etc.

100051535141

04/21/05--01049--013 **205.00

City

WEST PALM BEACH

State

FL

Zip Code

33405

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

4-18-05

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 |
|--------|--------------------------------------|---|----------------------------|
| MEM | KENNETH E. BROWN | 234 ARLINGTON RD | W. PALM BEACH, FL 33405 |
| MEM | JILL FRANCES ARSENAULT | 505 BEACHLAND BLVD | VENO BEACH, FL 32963 |
| | | | |

REINSTATEMENT

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

4/18/05

Daytime Phone #

561-273-1022

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)