

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

L99000008306

205.00

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L99000008306

1. Limited Liability Company's Name

BERKSHIRE HALIFAX L.L.C.

2. Principal Office Address

12230 FOREST HILL BLVD.

Suite, Apt. #, etc.

110

City & State

WELLINGTON, FL

Zip

33414

Country

USA

3. Mailing Office Address

12230 FOREST HILL BLVD.

Suite, Apt. #, etc.

110

City & State

WELLINGTON, FL

Zip

33414

Country

USA

4. State/Country of Formation

FLORIDA/USA

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

LEONARD J. MERCER, JR.

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

2560 S. OCEAN BLVD.

Suite, Apt. #, Etc.

SUITE 605

City

PALM BEACH

State

FL

Zip Code

33480

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

6/25/03

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	LEONARD J. MERCER, JR.	2560 S. OCEAN BLVD., SUITE 605	PALM BEACH, FL 33480
MGR	KENNETH BROWN	12230 FOREST HILL BLVD., STE 110	WELLINGTON, FL 33414

REINSTATEMENT

2002 - 2003

[Signature] *[Signature]*

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

[Signature]

Date

6/25/03

Daytime Phone #

(954) 776-1698

Typed or printed name of signing Managing Member/Manager

LEONARD J. MERCER, JR.