PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED
01 DEC 31 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

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

DOCUMENT # L99000088409

REINSTATEMENT 2001

1. Limited Liability Company's Name

MOOG ROAD, LLC

2. Principal Office Address		**3.** Mailing Office Address	
12360 66th Street North			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite H			
City & State		City & State	
Largo, Florida			
Zip	Country	Zip	Country
33773	USA		

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 12/2/99

6. FEI Number: 59-3616556 ☐ 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: Greg A. Nowak

900004744688--4

Street Address (P.O. Box Number is Not Acceptable): 12360 66th Street North

Suite, Apt. #, Etc.: Suite H

City	State	Zip Code
Largo	FL	33773

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 _____ Date 12/27/01

REGISTERED AGENT MUST SIGN

CR2E041 (9/00)

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
MGRM	A. G. Rappaport	13014 N. Dale Mabry Hwy, Suite 356, Tampa, Florida 33618	
MGRM	Greg A. Nowak	12360 66th Street North, Suite H, Largo, Florida 33773	
MGRM	Carlos A. Yepes	12360 66th Street North, Suite H, Largo, Florida 33773	

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 12/27/01 Daytime Phone # 727-536-8686

Typed or printed name of signing Managing Member/Manager: Greg A. Nowak

2 of 2

THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 569270 4309406 Patricia Pizzuto

AUTHORIZATION :

COST LIMIT : ~~$ 150.00~~ $155.00 150.00

ORDER DATE : December 31, 2001

ORDER TIME : 10:38 AM

ORDER NO. : 569270-005

CUSTOMER NO: 4309406

CUSTOMER: Preston Cockey, Esq
Gray, Harris & Robinson, P.a.
Suite 2200
201 N. Franklin Street
Tampa, FL 33602

RECEIVED
01 DEC 31 AM 11:29
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: MOOG ROAD, LLC

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX ____ PLAIN STAMPED COPY
___ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds

EXAMINER'S INITIALS _____