

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

02 MAR 28 AM 10:52

WR 3/28

DOCUMENT # M00000000999

1. Limited Liability Company's Name

BROAD STREET PARTNERS, LLC

REINSTATEMENT

2001-
2002

800005180648--9
-04/01/02--01085--006
*****820.00 *****205.00

2. Principal Office Address

35 Broad Street

Suite, Apt. #, etc.
N/A

City & State

Charleston, SC

Zip
29401

Country
USA

3. Mailing Office Address

35 Broad Street

Suite, Apt. #, etc.
N/A

City & State

Charleston, SC

Zip
29401

Country
USA

4. State/Country of Formation

~~South Carolina~~ North Carolina

5. Date Organized or Qualified
To Do Business in Florida

5/25/2000

6. FEI Number

562068652

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

Stephen R. Walsh

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

508 Balmoral Road

Suite, Apt. #, Etc.

N/A

City

Winter Park, FL 32789

State
FL

Zip Code
32789

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

Stephen R. Walsh

Date 3/27/2002

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
MGR	Stephen R. Walsh	508 Balmoral Road	Winter Park, FL 32789
	REINSTATEMENT	2001- 2002	

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

Stephen R. Walsh

Date 3/27/02

Daytime Phone # 407-399-8966

Typed or printed name of signing Managing Member/Manager Stephen R. Walsh

CR2E041 (9/01)