

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 NOV 10 AM 10:52

1. DOCUMENT # M00000001706

Name and Mailing Address

0001165 01 AT 0.292 \*\*AUTO T6 2 0615 32082-355456



EXCALIBUR MANAGEMENT, LLC  
151 SAWGRASS CORNERS DRIVE, SUITE 206  
PONTE VEDRA BEACH FL 32082-3554

100024530401  
11/10/03--01009--020 \*\*150.00



2. New Mailing Address

City, State, Zip

Principal Place of Business

151 SAWGRASS CORNERS DRIVE, SUITE 206  
PONTE VEDRA BEACH FL 32082

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation  
DE

5. Date Organized or Qualified  
To Do Business in Florida

08/24/2000

6. FEI Number

04-3521142

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

ANDERSON, DANIEL B  
151 SAWGRASS CORNERS DRIVE, SUITE 206  
PONTE VEDRA BEACH FL 32082

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. 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]* **NOTAR PUBLIC REQUIRED**

Date 11/05/03

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	ANDERSON, BRUCE K	813 MINS. TRAIL	FRANKLIN LAKES NJ 07417
MGR	EXCALIBUR MANAGEMENT CORPORATION	<del>121 HIGH STREET</del> 3 Post office Square, Suite 700	BOSTON MA <del>02110</del> 02109

12. 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]* **NOTAR PUBLIC REQUIRED**

Date 11/5/03

Daytime Phone #

904-280-5394

Typed or printed name of signing Managing Member/Manager