

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Division of Corporations
im Smith
Tallahassee, Florida

FILED

1. DOCUMENT # M00000002101

Name and Mailing Address

03 APR 24 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0006997 01 FP 0.352 **PRSR T1 0 0615 14623-270840



THE MARKHAM COMPANY, LLC
2340 BRIGHTON-HENTRIETTA TOWNLINE ROAD
ROCHESTER NY 14623-2708



2. New Mailing Address

City, State, Zip

4. State/Country of Formation

NY

5. Date Organized or Qualified
To Do Business in Florida

10/06/2000

Principal Place of Business

2340 BRIGHTON-HENTRIETTA TOWNLINE ROAD
ROCHESTER NY 14623

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number

16-1593552

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

NATIONAL CORPORATE RESEARCH, LTD., INC.
103 N. MERIDIAN STREET
TALLAHASSEE FL 32301-0000

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

Wayne Lafandelli, VP

REGISTERED AGENT MUST SIGN

Date 4/17/03

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	DAVID, ROBERT	2340 BRIGHTON-HENTRIETTA TOWNLINE ROAD	ROCHESTER NY 14623
			400016961904 04/24/03--01054--025 **200.00

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]

Date 4/15/03

Daytime Phone # 585 427 9050

Typed or printed name of signing Managing Member/Manager