

M01000000022

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2003 JUN 20 PM 2:43

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # M01000000022

1. Limited Liability Company's Name

JenkinsStarr, LLC

2. Principal Office Address

70 Industrial Dr.

Suite, Apt. #, etc.

City & State

Holden, MA

Zip

01520

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

4. State/Country of Formation

Delaware

**5. Date Organized or Qualified
To Do Business in Florida**

1/2/01

6. FEI Number

04-3541622

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

Corporation Service Company

300018671313

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

1201 Hays St.

05/09/03--01041--006

**200.00

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

REGISTERED AGENT MUST SIGN

Date 5/2/2003

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	Ruth Jenkins	4040 Ironwood Circle Apt. 302	Bradenton, FL 34209
MGR	Janet Starr	51 Laconia Rd.	Worcester, MA 01609
MGR	Annette Loring	73 Lexington Circle	Holden, MA 01520
MGR	Christopher Starr	6 Littlefield Rd.	Acton, MA 01720

REINSTATEMENT 2002, 03

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

Annette Loring

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

Annette Loring

CR2E04 (10/02)