

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED

02 DEC -4 PM 4:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # M01000001707

Name and Mailing Address

0006717 01 FP 0.352 \*\*PRSRT T1 0 0615 02360-487350



ANJOY ASSOCIATES, LLC  
50 RESNIK ROAD  
PLYMOUTH MA 02360-4873



2. New Mailing Address

City, State, Zip

4. State/Country of Formation

MA

5. Date Organized or Qualified To Do Business in Florida

07/26/2001

Principal Place of Business

50 RESNIK ROAD, Suite 300  
PLYMOUTH MA 02360

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number

04-3395674

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

ELLIS, SETH E  
2600 NORTH MILITARY TRAIL, SUITE 290  
BOCA RATON FL 33431

9. Name and Address of New Registered Agent

Name

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

City

400009345194

12/04/02--01030--00 FL #160000

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

REGISTERED AGENT MUST SIGN

Date 12/02/02

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	ANDRADE, ANTONIO	188 GARRISON LANE	OSTERVILLE MA 02655
MGR	JOYAL, GARY F	<sup>new</sup> <del>92 JORDAN ROAD</del> 12 Priscilla Beach Rd	PLYMOUTH MA 02360
MGRM	JOYAL, GARY F	<sup>new</sup> <del>92 JORDAN ROAD</del> 12 Priscilla Beach Rd	PLYMOUTH MA 02360
MGRM	A & M ANDRADE FAMILY LIMITED PARTNERSHI	188 GARRISON LANE	OSTERVILLE MA 02380
REINSTATEMENT 2002			AL

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

Date

11/15/02

Daytime Phone #

508-247-2237

Typed or printed name of signing Managing Member/Manager