

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM
 FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 AUG 29 AM 9:24

**LIMITED LIABILITY
 COMPANY
 REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # M01000001707

1. Limited Liability Company's Name

ANJOY ASSOCIATES, LLC

2. Principal Office Address

50 RESNIK ROAD

Suite Apt # etc

City & State

PLYMOUTH, MA

Zip

02360

Country

USA

3. Mailing Office Address

50 RESNIK ROAD

Suite Apt # etc

City & State

PLYMOUTH, MA

Zip

02360

Country

USA

CR2E041 (8/05)

4. State/Country of Formation

MASSACHUSETTS, USA

5. Date Organized or Qualified
 To Do Business in Florida

7/26/2001

6. FEI Number

043395674

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

SETH E. ELLIS, ESQ.

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

2385 EXECUTIVE CENTER DRIVE

Suite Apt. # Etc

SUITE 190

City

BOCA RATON

State

FL

Zip Code

33431

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

7/12/06

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 | ANTONIO ANDRADE | 168 GARRISON LANE | OSTERVILLE, MA 02655 |
| MGR | GARY F. JOYAL | 50 RESNIK ROAD | PLYMOUTH, MA 02360 |
| MGM | A&M ANDRADE FAMILY | 168 GARRISON LANE | OSTERVILLE, MA 02655 |
| | LIMITED PARTNERSHIP | | |
| MGM | GARY F. JOYAL, G.P. of Joyal Partners, Ltd | 50 RESNIK ROAD | PLYMOUTH, MA 02360 |

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

Date

7/12/06

Daytime Phone #

508-771-2237

Typed or printed name of signing Managing Member/Manager

GARY F. JOYAL, MANAGING MEMBER