

1092

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M03000001165

1. Limited Liability Company's Name

Assent LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 5 Marine View Plaza		3. Mailing Office Address same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Hoboken		City & State	
Zip NJ	Country 07030	Zip	Country

4. State/Country of Formation Delaware	
5. Date Organized or Qualified To Do Business in Florida 04/14/2003	
6. FEI Number 74-3086513	Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

B. Name and Address of Current Registered Agent

Name CT Corporation System	
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road	
Suite, Apt. #, Etc.	
City Plantation FL	State FL
	Zip Code 33324

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 *Margaret E. Routzahn* MARGARET E. ROUTZAHN, Date 11/7/08 REGISTERED AGENT MUST SIGN Special Assistant Secretary

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.	John F. Allen	5 Marine View Plaza	Hoboken, NJ 07030

REINSTATEMENT 08 AL

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 *John F. Allen* Date 11/4/2008 Daytime Phone # 201-356-1490
Typed or printed name of signing Managing Member/Manager John F. Allen

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Division of Corporations

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Florida Department of State
Division of Corporations
Public Access System

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Division of Corporations
Fax Number : (850) 617-6383

From:
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Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

LIMITED LIABILITY REINSTATEMENT

ASSENT LLC

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