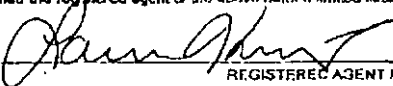
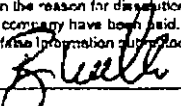


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17 OCT 11 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M03000004003			
1. Limited Liability Company's Name RCG Pensacola, L.L.C.			
2. Principal Office Address - No P.O. Box # 920 Winter St. Suite, Apt. #, etc.		3. Mailing Office Address 920 Winter St. Suite, Apt. #, etc.	
City & State Waltham, MA		City & State Waltham, MA	
Zip 02451	Country USA	Zip 02451	Country
4. State/Country of Formation Delaware		5. Date Organized or Qualified To Do Business in Florida 12/5/2003	
6. FEI Number 90-0123132		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 C T Corporation System			
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road			
Suite, Apt. #, Etc.			
City Plantation		State FL	Zip Code 33324
9. I, being appointed the registered agent of the above named limited liability company, do hereby certify and accept the obligations of Chapter 605, F.S.			
Signature of Registered Agent 		LAUREN KREA VICE PRESIDENT REGISTERED AGENT MUST SIGN	
Date 10/10/17			
10. Names and Street Addresses of Authorized Representatives/Managers			
Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
AP	Bryan Mello	920 Winter St.	Waltham, MA 02451
11. E-mail Address: wynelle.scenna@fmc-na.com (To be used for future annual report notifications)			
12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.			
Signature of Authorized Representative/Manager 		Date 10/10/17	Daytime Phone # 781 699 9000
Typed or printed name of signing Authorized Representative/Manager: Bryan Mello			

2017

Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT
RCG PENSACOLA, LLC

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