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LIMITED LIABILITY REINSTATEMENT

NMP, LLC

Certificate of Status	1
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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/07)

DOCUMENT # M04000004696

1. Limited Liability Company's Name

NMP, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
401 Edgewater Place	401 Edgewater Place
Suite, Apt. #, etc. 640	Suite, Apt. #, etc. 640
City & State Wakefield, MA	City & State Wakefield, MA
Zip 01880 Country US	Zip 01880 Country US

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: October 29, 2004

6. FEI Number: 20-1400824 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $8.00 Additional Fee required for a Certificate of Status

8. 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 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 _____ Date _____
REGISTERED AGENT MUST SIGN

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	Patrick D. Brady	401 Edgewater Place, Ste 640	Wakefield, MA 01880
MGR	Jeffrey Schwartz	401 Edgewater Place, Ste 640	Wakefield, MA 01880
MGR	Robert B. Nolan, Jr.	401 Edgewater Place, Ste 640	Wakefield, MA 01880
MGR	Ted Ackerley	401 Edgewater Place, Ste 640	Wakefield, MA 01880
MGR	Richard Sullivan	401 Edgewater Place, Ste 640	Wakefield, MA 01880
MGR	Rick Fernandes	401 Edgewater Place, Ste 640	Wakefield, MA 01880

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 12/27/07 Daytime Phone # 617-946-4811

Typed or printed name of signing Managing Member/Manager: Patrick D. Brady