

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 JUN 30 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M06000003977

1. Limited Liability Company's Name

KODA REALTY, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #

51 Sawyer Road

Suite, Apt. #, etc.

Suite 420

City & State

Waltham, MA

Zip

02453

Country

US

3. Mailing Office Address

51 Sawyer Road

Suite, Apt. #, etc.

Suite 420

City & State

Waltham, MA

Zip

02453

Country

US

4. State/Country of Formation

DE

5. Date Organized or Qualified
To Do Business in Florida

July 18, 2006

6. FEI Number

43-2108605

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

CT CORPORATION SYSTEM

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

1200 South Pine Island Road

Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of

Registered Agent:

REGISTERED AGENT MUST SIGN

Angel Nunez
Assistant Secretary

Date 6/24/2015

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
MGR	KODA Enterprises Group, LLC	51 Sawyer Road, Suite 420	Waltham, MA 02453

REINSTATEMENT

2007 2015

11. E-mail Address: nbreton@koda.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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Date

6/24/15

Daytime Phone #

(781) 398-9402

Typed or printed name of signing authorized representative/member

William Leaver, President of KODA Enterprises Group, LLC