

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 DEC 18 PM 2:33

DOCUMENT #

1. Limited Liability Company's Name

Carlton National Resources LLC

000163364630
12/21/09--01035--025 **138.75

000163364630
12/07/09--01003--008 **516.25
CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # <i>70 Fargo Street</i>		3. Mailing Office Address <i>P.O. Box 436</i>	
Suite, Apt. #, etc. <i>Suite 922</i>		Suite, Apt. #, etc.	
City & State <i>Boston, MA</i>		City & State <i>Stratham, NH</i>	
Zip <i>02210</i>	Country <i>USA</i>	Zip <i>03885</i>	Country <i>USA</i>

4. State/Country of Formation <i>Massachusetts</i>	
5. Date Organized or Qualified To Do Business in Florida <i>3/7/05</i>	
6. FEI Number <i>010801436</i>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name <i>CorpDirect Agents, Inc.</i>			
Street Address (P.O. Box Number is Not Acceptable) <i>515 E. Park Avenue</i>			
Suite, Apt. #, Etc.			
City <i>Tallahassee,</i>	State <i>FL</i>	Zip Code <i>32301</i>	

☐ 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 <i>Michael Holden, Asst. Sct.</i>	Date <i>12/4/09</i>
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
<i>MGPM</i>	<i>Michael Morin</i>	<i>70 Fargo St. Suite 922</i>	<i>Boston, MA 02210</i>
<i>MGPM</i>	<i>Michael Catapano</i>	<i>70 Fargo St. Suite 922</i>	<i>Boston, MA 02210</i>
<i>MGPM</i>	<i>Jerry Cerrutti</i>	<i>70 Fargo St. Suite 922</i>	<i>Boston, MA 02210</i>
<i>MGPM</i>	<i>Fred Haddad</i>	<i>70 Fargo St. Suite 922</i>	<i>Boston, MA 02210</i>
REINSTATEMENT <i>2006</i> <i>2009</i>			

11. E-mail Address:	
(To be used for future annual report notifications)	
12. 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 608.408, 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 <i>Michael F. Catapano</i>	Date <i>12/3/09</i> Daytime Phone <i>(617) 261-9702</i>
Typed or printed name of signing Managing Member/Manager <i>Michael F. Catapano</i>	



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

09 DEC 18 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

December 8, 2009

CARLTON NATIONAL RESOURCES, LLC
P O BOX 436
STRATHAM, NH 03885

SUBJECT: CARLTON NATIONAL RESOURCES, LLC
Ref. Number: M11000002879

We have received your document for CARLTON NATIONAL RESOURCES, LLC and your check(s) totaling \$516.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II

Letter Number: 509A00037373