## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT 2016 - 2017



## FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

17 HAY -1 44 9:43 ALL ASSET TOWN

DOCUMENT # M15000005779 1 Limited Liability Company's Name Broadstone LC Florida, LLC

2. Principal Office Address - No P.O. Box#		3. Mailing Office Address 800 CLINTON SQUARE			CR2E041 (1/14)			
	Suite, Apt. #, etc.  City & State  ROCHESTER, NY  Zip Country  14604 USA  8. Name and Add  Name  CORPORATION SERVICE COMP  Street Address IP.O. Box Number is Not Acceptable 1201 HAYS STREET  Apt. #, Etc.  City  TALLAHASSEE  9. I. being appointed the registered agent of the Registered Agent  10. Names and Street Addresses of Authorized Representations  Magagers.	Sulte, Apt. F. etc.			4. State/Country of Formation NY  5. Date Organized or Qualified To Do Business in Florida 07-22-15			
City & State ROCHESTER, NY		City& State ROCHESTER, NY			6. FEI Number Applied For 61-1763968 Not Applied For			
Ζφ 14604	i ·	Zip 14604	Country		7. CERTIFICATE OF S	STATUS DESIRED . STATUS	iditional Foo required difficate of status	
CORPORATION SERVICE COMPANY  Street Address (P.O. Box Number is Not Acceptable) Suite,  1201 HAYS STREET				unt		800298815078		
,	SSEE		State FL 323	Zip Coide 301				
Signature o Registered	Agent M.	REGISTERED AGENT MUST		Melissa 2		Date	'7	
Titles	Authorized Representati	ves/	Street Address of Each Authorized Representati Manager			City / State / Zip		
Paghan 3.02	Broadstone Net Lea			00 CLINTON SQUARE		ROCHESTER	R, NY 14604	
	that I am an authorized representati	vel manager or the receiver o	r Irustee empov		e this application as			
605,0012, f shall have t felony as p	when filing this reinstatement applier F.S., and that all lees owed by the lir the same legal effect as if made undi rovided for in s. 817,155, F.S. If authorized representative/member	nited liability company have ber oath. I am aware that false	een paid. The in information sub	nformation indicomitted in a doci	ated on this application to the Department to the Department	ation is true and accurate, artiment of State constitutes a system Phone #	nd my signature third dogree	
Timed or no	inted name of signing authorized to	John D.	Maragne, Execus.	n Vice President i	of Broadstone Net Lea	ise, inc., the managing member o	of Broadstone Net Lease TLC	

K. ASHTON

5

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 622173 8004756

AUTHORIZATION

COST LIMIT : 1/\$ 377.50

ORDER DATE : May 1, 2017

ORDER TIME : 12:32 PM

ORDER NO. : 622173-005

CUSTOMER NO: 8004756

## REINSTATEMENT

NAME: BROADSTONE LC FLORIDA, LLC

XX R	EINSTATEMENT	SEC	2017	پ موسقه
PLEASE F	RETURN THE FOLLOWING AS PROOF OF FILING:	AHAS	HAY.	
XX	CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING	SEE, FLO	-i P¥	
CONTACT	PERSON: Melissa Zender		1: 42	

EXAMINER'S INITIALS