

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT

M98000000753

1. DOCUMENT # M98000000753

Name and Mailing Address

0006686 01 FP 0,352 **PRSRT T1 0 0615 01460-112801



MIDDLESEX LLC
C/O THE MIDDLESEX COMPANIES
ONE SPECTACLE POND RD.
LITTLETON MA 01460-1128

SECRETARY OF STATE
TALLAHASSEE FLORIDA



11/4 2002

2. New Mailing Address

City, State, Zip

Principal Place of Business

1335 THOMAS AVENUE
LEESBURG FL 34748-3223

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

DE

5. Date Organized or Qualified
To Do Business in Florida

07/13/1998

6. FEI Number

59-3520401

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2607

9. Name and Address of New Registered Agent

Name

CT Corporation System

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

1200 S. Pine Island Road

City

Plantation

FL

Zip Code

33324

10. 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

Laufen H. Kreatz

LAUFEN H. KREATZ,

SPECIAL ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN

Date

10/24/02

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	THE MIDDLESEX CORPORATION	ONE SPECTACLE POND ROAD	LITTLETON MA 01460

100008770831
11/04/02--01015--004 **150.00

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 608.406, 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

Robert M. Johnson

Date

10/23/02

Daytime Phone #

(978) 742-4400

ext. 1214

Typed or printed name of signing Managing Member/Manager