

1148000000797

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 DEC -2 AM 10:32

DOCUMENT # **M98000000797**

**1. Limited Liability Company's Name**

**March/Hodge Daytona  
Holding Company, LLC  
77 Leibert Rd.  
Hartford, CT. 06120**

**2. Principal Office Address**

Suite, Apt. #, etc.

City & State

Zip Country

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip Country

**4. State/Country of Formation**

**DE**

**5. Date Organized or Qualified  
To Do Business in Florida**

**7/22/98**

**6. FEI Number**

**06-152284**

Applied For

Not Applied For

**7. CERTIFICATE OF STATUS DESIRED** ☐ **EXEMPT FROM**

**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**

**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

**Vicky Goldstein**  
REGISTERED AGENT MUST SIGN

**VICKY GOLDSTEIN  
SPECIAL ASSISTANT SECRETARY**

Date **11-22-99**

**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
MGRM	March, Anthony	77 Leibert Rd	Hartford, CT
MGRM	Hodge, Ernest M	7134 Jonesboro Rd	Morrow, GA
<p><b>REINSTATEMENT 1999</b></p> <p><b>700003067087--4</b> -12/10/99--01079--006 ****150.00 ****150.00</p>			

**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

**[Signature]**

Date **10-31-99** Daytime Phone #

Typed or printed name of signing Managing Member/Manager

X