

READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JAN -8 AM 9:34

DOCUMENT # MA980000011623

1. Limited Liability Company's Name

CAMBER COMPANIES SOUTHEAST, LLC

500004777345--7
-01/16/02--01027--016
****150.00 ****150.00

2. Principal Office Address

1931 W. MLK JR BOULEVARD

Suite, Apt. #, etc.

SUITE A

City & State

TAMPA, FL

Zip

33607

Country

USA

3. Mailing Office Address

95 GASTONBURY BLVD

Suite, Apt. #, etc.

3RD FLOOR

City & State

GASTONBURY, CT

Zip

06033

Country

USA

4. State/Country of Formation

DE

5. Date Organized or Qualified
To Do Business in Florida

12/28/98

6. FEI Number

593546682

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

CORPORATION SERVICE COMPANY

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

1201 HAYS STREET

Suite, Apt. #, Etc.

City

TALLAHASSEE, FL

State

FL

Zip Code

32301

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

12/31/01

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
<u>MEM</u>	<u>CAMBER COMPANIES, LLC</u>	<u>95 GASTONBURY BOULEVARD</u> <u>SUITE A</u>	<u>GASTONBURY, CT 06033</u>
			<u>Rein 100</u>
			<u>UBR 50</u>
			<u>150 nc</u>

REINSTATEMENT 2001

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

11/27/01

Daytime Phone #

(660) 652-7203

Typed or printed name of signing Managing Member/Manager

A. Bruce Campbell

CR2E041 (9/00)