

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



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

01 FEB 27 AM 8:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M99 000000109

1. Limited Liability Company's Name

Taylorbrite, LLC

**REINSTATEMENT**

2000-2001

2. Principal Office Address

Suite, Apt. #, etc.

1900 47th Terrace East

City & State

Bradenton, FL

Zip

34203

Country

US

3. Mailing Office Address

PO Box 1190

Suite, Apt. #, etc.

66 Kingsboro Avenue

City & State

Gloversville, NY

Zip

12078

Country

US

4. State/Country of Formation

Delaware

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

39-1927949

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

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

Suite, Apt. #, Etc.

City

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

Connie Bryan Connie Bryan, Special Asst. Secy.

REGISTERED AGENT MUST SIGN

Date 2-27-01

**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
MGRM	Everbrite, Inc.	4949 S. 110th Street	Greenfield, WI 53220
MGRM	Taylormade Investment	66 Kingsboro Avenue	Gloversville, NY 12078
	Company, LLC		

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

John E. Taylor

Date 02/12/01

Daytime Phone # 518-773-9319

Taylor Made Investment Company, LLC by

Typed or printed name of signing Managing Member/Manager John E. Taylor, Member