

PLEASE 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

00 NOV 17 AM 11:05

DOCUMENT # M99000000650

1. Limited Liability Company's Name

STOUGHTON DEVELOPMENT ASSOCIATES LLC

REINSTATEMENT 2000

2. Principal Office Address

67 BERKELEY STREET

Suite, Apt. #, etc.

City & State

WEST NEWTON, MA

Zip

02461

Country

USA

3. Mailing Office Address

67 BERKELEY STREET

Suite, Apt. #, etc.

City & State

WEST NEWTON, MA

Zip

02461

Country

USA

4. State/Country of Formation

DELAWARE

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

4/29/99

6. FEI Number

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 CO

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

1201 HAYS STREET

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

300003488203--2

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****150.00 ****150.00

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

REGISTERED AGENT MUST SIGN

Date 11/11/00

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	LEWIS HEAFITZ	67 BERKELEY STREET	WEST NEWTON, MA 02461

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

Date 10/20/00

Daytime Phone # 781-449-9000

Typed or printed name of signing Managing Member/Manager

LEWIS HEAFITZ

CR2E041 (9/99)