

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 FEB 23 AM 8:21

ENTERED

11/15

DOCUMENT # M99000000650

1. Limited Liability Company's Name

Stoughton Development Associates LLC

2. Principal Office Address

145 Rosemary Street

3. Mailing Office Address

145 Rosemary Street

Suite, Apt. #, etc.

Suite E

Suite, Apt. #, etc.

Suite E

City & State

Needham, MA

City & State

Needham, MA

Zip

02494

Country

U.S.A.

Zip

02494

Country

U.S.A.

4. State/Country of Formation

Massachusetts

5. Date Organized or Qualified  
To Do Business in Florida

4/29/1999

6. FEI Number

04-3457110

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

State  
FL

Zip Code

32301-2525

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

2/15/05

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	145 Rosemary Street, Suite E	Needham, MA 02494

REINSTATEMENT 03-05

100043067901  
03/02/05--01009--016 \*\*50.00

100043067901  
11/30/04--01052--012 \*\*200.00

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

11/16/04

Daytime Phone # (617) 912-0939

Typed or printed name of signing Managing Member/Manager

Lewis Heafitz

CR2E041 (10/02)