

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

M99000000865

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M99000000865

1. Limited Liability Company's Name

Stromberg, LLC

9/24/00

FILED
03 AUG 15 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M99000022529373
M99000001004-009 **305.00

2. Principal Office Address

525 Technology Park

Suite, Apt. #, etc.

Suite 165

City & State

Lake Mary, FL

Zip

32746

Country

USA

3. Mailing Office Address

525 Technology Park

Suite, Apt. #, etc.

Suite 165

City & State

Lake Mary, FL

Zip

32746

Country

USA

4. State/Country of Formation

Connecticut, USA

5. Date Organized or Qualified
To Do Business in Florida

5/25/98

6. FEI Number

06-1514966

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

CT Corporation System

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

1200 South Pine Island Rd.

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

FILED
AUG 15 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

PETER F. SOUZA

ASSISTANT SECRETARY

Date

8/14/03

REGISTERED AGENT MUST SIGN

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
Chairman	Robert V. Matthews	59 Elm Street	New Haven, CT 06510

REINSTATEMENT 2000-2003

BK

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 8/12/03

Daytime Phone # 203-562-1000

Typed or printed name of signing Managing Member/Manager

ROBERT V. MATTHEWS

CR2E041 (10/02)