

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 OCT 27 PM 11:02

**DOCUMENT #** M99000001160

**1. Limited Liability Company's Name**

Florida Research Management

**2. Principal Office Address**

1100 Poydras St.

Suite, Apt. #, etc.

1500 Energy Centre

**City & State**

Orleans LA

**Zip**

70163

**Country**

USA

**3. Mailing Office Address**

147 S. Liberty St.

Suite, Apt. #, etc.

**City & State**

New Orleans, LA

**Zip**

70112

**Country**

USA

**4. State/Country of Formation**

USA

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

7/29/99

**6. FEI Number**

72 1447523

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 Systems

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

1200 South Pine Island Road

**Suite, Apt. #, Etc.**

**City**

Plantation

**State**

FL

**Zip Code**

33322

600003459326-3

11/09/00-01056-010

\*\*\*\*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**

**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**

MGR

Dale Kaliszeski

147 S. Liberty Street

New Orleans, LA 70112

**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**

10/23/00

**Daytime Phone #**

504-544-5445

**Typed or printed name of signing Managing Member/Manager**

Dale Kaliszeski