

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



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

**FILED**

01 OCT 17 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Handwritten signature]*

**DOCUMENT #** M99000001160

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

**FLORIDA RESEARCH MANAGEMENT LC.**

**2. Principal Office Address**

**1100 POYDRAS ST.**

Suite, Apt. #, etc.

**1500 Energy Center**

City & State

**New Orleans LA**

Zip

**70112**

Country

**USA**

**3. Mailing Office Address**

**1911 PALMYRA**

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**

**721447523**

Applied For

Not Applicable

**7. CERTIFICATE OF STATUS DESIRED** ☐

**\$500 Additional Fee required  
for a Certificate of Status**

**8. Name and Address of Current Registered Agent**

Name

**C T 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**

**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
	<b>DALE KALISZESKI</b>	<b>147 S. LIBERTY STREET</b>	<b>NEW ORLEANS LA 70112</b>

**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

*[Handwritten signature]*

Date

**10/14/01**

Daytime Phone #

**504 544-5445**

Typed or printed name of signing Managing Member/Manager

CR2E041 (9/01)