

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
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

DOCUMENT #

1. Limited Liability Company's Name **M99000002073**

CALDWELL FAMILY ASSOCIATES, LLC

2. Principal Office Address

1612 CASEY KEY ROAD

Suite, Apt. #, etc.

City & State

NOKOMIS FL

Zip

34275

Country

USA

3. Mailing Office Address

c/o 133 RUE DE VILLE

Suite, Apt. #, etc.

City & State

ROCHESTER NY

Zip

14618

Country

USA

4. State/Country of Formation

DELEWARE

5. Date Organized or Qualified
To Do Business in Florida

12/23/99

6. FEI Number

16-1577734

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 ROAD

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

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

Vicky Goldstein

VICKY GOLDSTEIN
SPECIAL ASSISTANT SECRETARY

Date **11/13/00**

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
MGR	ROBERT L CALDWELL	999 QUAKER ROAD	SCOTTSVILLE NY 14546

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

Robert L. Caldwell

Date **11/7/2000** Daytime Phone #

Typed or printed name of signing Managing Member/Manager