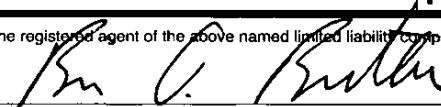
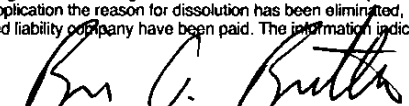


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		03 OCT 28 AM 10:21 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # L06000073198					
1. Limited Liability Company's Name The BA Butler Group, LLC					
2. Principal Office Address - No P.O. Box # 17512 Mallard Court		3. Mailing Office Address P. O. Box 47507		4. State/Country of Formation FL/USA	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Lutz, FL		City & State Tampa, FL			
Zip 33559	Country USA	Zip 33647	Country USA		
5. Date Organized or Qualified To Do Business in Florida 24 July 2006				6. FEI Number 205248945	
				☐ 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 Brian A. Butler					
Street Address (P.O. Box Number is Not Acceptable) 17512 Mallard Court					
Suite, Apt. #, Etc.					
City Lutz		State FL	Zip Code 33559	☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.	
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				Date 10/22/08	
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	
MGRM	Brian A. Butler	17512 Mallard Court		Lutz, FL 33559	
REINSTATEMENT 08					
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 10/22/08	Daytime Phone # 813.763.2007
Typed or printed name of signing Managing Member/Manager Brian A. Butler					