PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
03 OCT 28 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000073198

1. Limited Liability Company's Name

The BA Butler Group, LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #		**3.** Mailing Office Address	
17512 Mallard Court		P. O. Box 47507	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Lutz, FL		Tampa, FL	
Zip	Country	Zip	Country
33559	USA	33647	USA

4. State/Country of Formation
FL/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	State	Zip Code
Lutz	FL	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 Brian C. Butler 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

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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 Brian C. Butler Date 10/ 22/08 Daytime Phone # 813.763.2007

Typed or printed name of signing Managing Member/Manager Brian A. Butler