

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 DEC 21 AM 8:21

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000053127

1. Limited Liability Company's Name

AUBREY DALLEN AND ASSOCIATES, LLC

CR2E041 (8/05)

2. Principal Office Address 281 Alsace Avenue		3. Mailing Office Address 281 Alsace Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Venice, Florida		City & State Venice, Florida	
Zip 34293	Country USA	Zip 34293	Country USA

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 07/19/2004	
6. FEI Number 83-0402417	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name John W. Barker, Jr.	
Street Address (P.O. Box Number is Not Acceptable) 281 Alsace Avenue	
Suite, Apt. #, Etc.	
City Venice	State / Zip Code FL 34293

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 *J. Barker* Date 12/07/2006
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	M. Rellama	281 Alsace Avenue	Venice, FL 34293
MGRM	J. Barker	281 Alsace Avenue	Venice, FL 34293
MGRM	John W. Barker, Jr.	281 Alsace Avenue	Venice, FL 34293

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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 *J. Barker* Date 12/07/2006 Daytime Phone# 1-941-735-2304
Typed or printed name of signing Managing Member/Manager John W. Barker, Jr.