

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 11 AM 10:53

DOCUMENT # L0000002922

1. Limited Liability Company's Name

BULLIRAY ENTERPRISES

REINSTATEMENT 01-05

2. Principal Office Address

1609 NW 114th LOOP

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Ocala, FL

City & State

Zip

34475

Country

USA

Zip

Country

4. State/Country of Formation

CALIFORNIA

5. Date Organized or Qualified
To Do Business in Florida

03-09-2000

6. FEI Number

33-0714808

☒ 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

MITZI ROBINSON

Street Address (P.O. Box Number is Not Acceptable)

1609 NW 114 LOOP

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34475

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

Mitzi Robinson

REGISTERED AGENT MUST SIGN

Date 01-06-05

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	MITZI ROBINSON	1609 NW 114 LOOP	OCALA, FL 34475
MGR	ANTHONY ROBINSON	1609 NW 114 LOOP	OCALA, FL 34475
MGR	CYNTHIA BALLENGER	5104 BRANSFORD RD.	COLLEGEVILLE, TX 76034
MGR	ANTHONY ROBINSON	1609 NW 114 LOOP	OCALA, FL 34475

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

Mitzi Robinson

Date 1-6-05

Daytime Phone # 352-369-4215

Typed or printed name of signing Managing Member/Manager

MITZI ROBINSON

CR2004 (10/02)