

L01000007039

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2003 APR -7 AM 10:39

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

Barz Straz, LLC

L01000007039

600015436146

04/07/03--01067--016 **200.00

2. Principal Office Address

12307 Lantana Pk Lne.

3. Mailing Office Address

3956 Town Center Blvd

Suite, Apt. #, etc.

#109

Suite, Apt. #, etc.

#180

City & State

Orlando FL

City & State

Orlando FL

Zip

32837

Country

USA

Zip

32837

Country

USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

5.4.01

6. FEI Number

03-0387247

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

Eric Fogel

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

12307 Lantana Pk. Lne #109

Suite, Apt. #, Etc.

#109

City

Orlando

State

FL

Zip Code

32837

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

REGISTERED AGENT MUST SIGN

Date

4.1.03

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
PRES	Eric Fogel	12307 Lantana Pk Lne #109	Orlando, FL, 32837

REINSTATEMENT

2002.0393

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 4.1.03

Daytime Phone # 407.491.0807

Typed or printed name of signing Managing Member/Manager

Eric Fogel

CR2E041 (10/02)