PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DOCUMENT # L01000009143 1. Limited Liability Company's Name Boca Bargoons of Sarasota, L.L.C. 2. Principal Office Address - No P.O. Box # 33. Mailing Office Address 3030 Castle Prines Drive 130 North Orange Avenue 3030 Castle Prines Drive Suite, Apt. #, etc. City & State Suite, Apt. #, etc. City & State Duluth, Georgia 2. Date Organized or Qualified To Do Business in Florida 10/1/2004 City & State Sarasota, Florida Duluth, Georgia Duluth, Georgia 2. Date Organized or Qualified To Do Business in Florida 10/1/2004 City & State Sarasota, Florida USA 7. CERTIFICATE OF STATUS DESIRED Stroet Address (P.O. Box Number is Not Acceptable) B. Name and Address of Current Registered Agent Suite, Apt. #, Etc. City Boca Ration 9. 1, 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 10. Names and Street Address of Managing Members/Managers Titles Name (City / State / Zip) Name (City / State / Zip)	For
2. Principal Office Address - No P.O. Box # 3. Malling Office Address 3030 Castle Prines Drive 3030 Castle Prines Drive 4. State/Country of Formation Florida, USA 5. Date Organized or Qualified To Do Business in Florida 10/1/2004 5. Date Organized or Qualified To Do Business in Florida 10/1/2004 5. Date Organized or Qualified To Do Business in Florida 10/1/2004 5. Date Organized or Qualified To Do Business in Florida 10/1/2004 5. Date Organized or Qualified To Do Business in Florida 10/1/2004 5. Date Organized or Qualified To Do Business in Florida 10/1/2004 5. Date Organized or Qualified To Do Business in Florida 10/1/2004 5. Date Organized or Qualified To Do Business in Florida 10/1/2004 5. Date Organized or Qualified To Do Business in Florida 10/1/2004 5. Date Organized or Qualified To Do Business in Florida 10/1/2004 5. Date Organized or Qualified To Do Business in Florida 10/1/2004 5. Date Organized or Qualified To Do Business in Florida 10/1/2004 5. Date Organized or Qualified To Do Business in Florida 10/1/2004 5. Date Organized or Qualified To Do Business in Florida 10/1/2004 5. Date Organized or Qualified To Do Business in Florida 10/1/2004 5. Date Organized or Qualified To Do Business in Florida 10/1/2004 5. Date Organized or Qualified To Do Business in Florida 10/1/2004 5. Date Organized or Qualified To Do Business in Florida 10/1/2004 5. Date Organized or Qualified To Do Business in Florida 10/1/2004 5. Date Organized or Qualified To Do Business in Florida 10/1/2004 5. Date Organized or Qualified To Do Business in Florida 10/1/2004 5. Date Organized or Qualified To Do Business in Florida 10/1/2004 5. Date Organized or Qualified To Do Business in Florida 10/1/2004 5. Date Organized or Qualified To Do Business in Florida 10/1/2004 5. Date Organized or Qualified To Do Business in Florida 10/1/2004 5. Date Organized or Qualified To Do Business in Florida 10/1/2004 5. Date Organized or Qualified To Do Business in Florida 10/1/2004 5. Date Organized or Qualified To Do Business in Florida 10/1/2004 5. Date	
2. Principal Office Address - No P.O. Box # 3030 Castle Pines Drive 4. State/Country of Formation Florida, USA 5. Date Organized or Qualified To Do Business in Piorida 10/1/2004 City & State City & State Duluth, Georgia Country USA 5. Name and Address of Current Registered Agent Name Cynthia Wollstein Street Address (P.O. Box Number is Not Acceptable) 190 NW 20th Street Suite, Apt. #, Etc. State Zip Code FL State Zip Code Box Ration FL State Zip Code 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 Name of Street Address of Each City State Zip Code City State Zip Code Registered Agent Name of Street Address of Each City State Zip Code Registered Agent Name of Street Address of Each City State Zip Code Registered Agent Name of Street Address of Each City State Zip Code Registered Agent Name of Street Address of Each Street Address of Each City State Zip Code Registered Agent Name of Street Address of Each City State Zip Code Registered Agent Name of Street Address of Each City State Zip Code Registered Each State Address of Each City State Zip Code Registered Each State Address of Managing Members/Managers State Address of Each State Each State Address of Each State Each Each Each Each Each Each Each Each	
Suite, Apt. #, etc. Signature of Registered Agent Registered Agent Name of Street Address of Each Suite, Apt. #, etc. Suite, Applied #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Applied #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Applied #, etc. Suite, Appli	
Suite, Apt. #. etc. Suite, Apt. #. etc.	
City & State Sarasota, Florida Country Stip State Sarasota, Florida Country Stip State Sarasota, Florida Country Stip State State State Street Address of Current Registered Agent Name Cynthia Wollstein Street Address (P.O. Box Number is Not Acceptable) 190 NW 20th Street Suite, Apt. #, Etc. City Boca Raton City Boca Raton City & State State State State State State State FL State	
Sarasota, Florida Duluth, Georgia O10593070 Not Appli	licable
34236-8516 USA 30097 USA 8. Name and Address of Current Registered Agent Name Cynthia Wollstein Street Address (P.O. Box Number is Not Acceptable) 190 NW 20th Streeet Suite, Apt. #, Etc. City Boca Raton State FL 33431 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 Name of Street Address of Each City State / Zip Street Address of Each City State / Zip Street Address of Each Street Address of Each City State / Zip Street Address of Each City State / Zip Street Address of Each	
Name Cynthia Wollstein Street Address (P.O. Box Number is Not Acceptable) 190 NW 20th Streeet Suite, Apt. #, Etc. City Boca Raton State State FL State State FL State State State Agent Must street Address of Managing Members/Managers Titles Name of A \$100 reinstatement fee is imposed, exceptable in circumstances which the entity did not receive the prior notices. By checking the box, you are certifying the prior notices we not received and requesting the \$10 reinstatement be waived. State	
Cynthia Wollstein Street Address (P.O. Box Number is Not Acceptable) 190 NW 20th Street Suita, Apt. #, Etc. City Boca Raton State	
Street Address (P.O. Box Number is Not Acceptable) 190 NW 20th Streeet Suite, Apt. #. Etc. City Boca Raton State FL 33431 State FL 33431 State FL 33431 Pare instatement be waived. 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 Name of Name of Street Address of Each Street Address of Each City / State / Zip	
Suite, Apt. #, Etc. Suite, Apt. #, Etc. City Boca Raton State Box, you are certifying the prior notices we not received and requesting the \$10 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 REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Titles Name of Street Address of Each City / State / Zip.	his
State	
Signature of Registered Agent Date 3/2/09 REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Titles Name of Street Address of Each City / State / Zin	
Titles Name of Street Address of Each City / State / Zin	
Mgrm Edward Wollstein 3030 Castle Pines Drive Duluth, Georgia 30097	
500145167235 03/06/0901043009 ++932.50	
REINSTATEMENT	
REINSTATEMENT 104-09	$\left(\left(\cdot \right) \right)$
	۸
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 where filling 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 the 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 efforts as if made under oath. Signature of Managing Member/Manager Data 3/2/09 Daytime Phone # 678-473-0243 Edward Wollstein	tnat