

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
L01000019275



Florida Department of State
Division of Corporations

FILED

1. DOCUMENT # L01000019275
Name and Mailing Address

02 NOV 13 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0001944 01 FP 0.352 **PRSR T6 0 0615 33133-634820
BARRETH BUSINESS GROUP LLC
4020 KIAORA ST.
COCONUT GROVE FL 33133-6348



2. New Mailing Address 60 Giralda Ave Coral Gables, FL 33134		4. State/Country of Formation FL	
Principal Place of Business 4020 KIAORA ST. COCONUT GROVE FL 33133		5. Date Organized or Qualified To Do Business in Florida 11/08/2001	
3. New Principal Place of Business Address 60 Giralda Ave Coral Gables, FL 33134		6. FEI Number 80-000-6204	
		Applied For 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 BARRETH, RAY J 4020 KIAORA ST. COCONUT GROVE FL 33133		9. Name and Address of New Registered Agent Name 60 Giralda Ave City Coral Gables FL 33134	
10. 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 Date 10/29/02 REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGM	Ray J. Barreth	5835 Paradise Point Dr.	Miami, FL 33157
			700008756517 11/01/02--01055--004--**150.00

REINSTATEMENT

12. 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 _____ Daytime Phone # _____
Typed or printed name of signing Managing Member/Manager