

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAY 14 AM 10:39

1. DOCUMENT # L02000003436

Name and Mailing Address

0011036 01 AT 0.292 \*\*AUTO TO 0 0615 34241-969453

BARRY STEIN MARKETING COMPANY, LLC  
5253 ASHLEY PARKWAY  
SARASOTA FL 34241-9694

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
300030935383  
03/23/04--01080--002 \*\*205.000000



5/14

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 5253 ASHLEY PARKWAY SARASOTA FL 34241		5. Date Organized or Qualified To Do Business in Florida 02/12/2002	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 621690211 Applied For Not Applicable	
8. Name and Address of Current Registered Agent BLALOCK, LANDERS, WALTERS & VOGLER, P.A. 802 1TH STREET WEST BRADENTON FL 34205		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <i>Barry Stein</i> <b>SIGNATURE REQUIRED</b> Date <u>3/19/04</u> 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
<i>Mgr.</i>	<i>Barry Stein</i>	<i>5253 Ashley Parkway</i>	<i>Sarasota, FL 34241</i>
<b>REINSTATEMENT</b> <i>2003-2004</i>			
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 <i>Barry Stein</i> <b>SIGNATURE REQUIRED</b> Date <u>3/19/04</u> Daytime Phone # <u>(941) 926-3336</u>			
Typed or printed name of signing Managing Member/Manager			

CR2E084 (7/03)