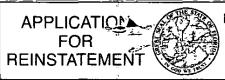
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

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 SARASÓTA FL 34241-9694

FILED

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2. New Mailing Address				4. State/Country of Formation FL			
City, State; Zip				-5. Date Organized or Gualified To Do Business in Florida 02/12/2002			
	ASHLEY PARKWAY	3. New Principal Place of Busine	oal Place of Business Address		6. FEI Number		For plicable
SARASOTA FL 34241		City, State, Zip		7. CERTIFICATE OF STATUS DESIRED 155.00 Additional Fee required for a Certificate of Status			required
	8. Name and Address of Current	9. Name and Address of New Registered Agent					
802 1	OCK, LANDERS, WALTERS TH STREET WEST	Street Address (P.O. Box Number is Not Acceptable)					
BRADENTON FL 34205							
		<u>,</u>	City FL Zip Code				
10. I, being appointed the register; agent of above and limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent Registered Agent Date 3/19/0 4 11. Names and Street Addresses of Each Managing Member/Manager							
Title(s)	Name of Managing			eet Address of Each City / Sta			
Mosc.	A				Savarota, 7	<u>-). 347</u>	241
	, , ,						
REINSTATEMENT 2003							
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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 filling this reinstatement application the rease for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that as if made under oath. Signature of Managing Member/Manage Date Date Daytime Phone # PLOTIRED Daytime Phone #							
Typed or printed name of signing Managing Men'ver Manager							