

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FLORIDA DEPARTMENT OF STATE
REINSTATEMENT
L02000020686

FILED

03 OCT 24 PM 2:02

1. DOCUMENT # L02000020686

Name and Mailing Address

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0005082 01 AT 0.292 **AUTO T1 0 0615 33040-338799

BARROSO REAL ESTATE DEVELOPMENT, LLC
1014 WHITE STREET
KEY WEST FL 33040-3387



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 1014 WHITE STREET KEY WEST FL 33040		5. Date Organized or Qualified To Do Business in Florida 08/13/2002	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 56-2290489	
		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 BARROSO, BARRY JR. 1014 WHITE STREET KEY WEST FL 33040		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 000024059910 10/24/03--01012--016 **150.00 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 [Signature] NATURE REQUIRED Date 10/20/03

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
MGRM	BARROSO, BARRY JR.	1014 WHITE STREET	KEY WEST FL 33040
MGRM	BARROSO, JASON	1014 WHITE STREET	KEY WEST FL 33040

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 [Signature] Date 10/20/03 Daytime Phone # (305) 304-3473

Typed or printed name of signing managing Member/Manager JASON BARROSO BARRY L BARROSO, JR