

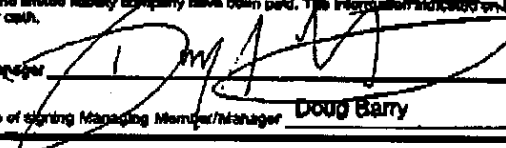
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L02000029068					
1. Limited Liability Company's Name Barry's Florida LLC					
2. Principal Office Address 444 Putter Point Court			3. Mailing Office Address 81 Paseo Mirasol		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Naples, Florida			City & State Tiburon, California		
Zip 34103	Country USA	Zip 94920	Country USA	4. State/Country of Formation Florida	
				5. Date Organized or Qualified To Do Business in Florida October 31, 2002	
				6. FEI Number 04-3720043	Applied For ☐ Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☐					
8. Name and Address of Current Registered Agent					
Name Charles PT Phoenix, Esq					
Street Address (P.O. Box Number is Not Acceptable) 12697 New Brittany Boulevard					
Suite, Apt. #, Etc.					
City Fort Myers				State FL	Zip Code 33907
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  Date 28 Apr 2004					
-REGISTERED AGENT MUST SIGN-					
10. Names and Current Addresses of Managing Members/Managers					
Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager		City / State / Zip	
MGRM	Doug Barry	81 Paseo Mirasol		Tiburon, California 94920	
11. I certify that I am managing member/manager of 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 corrected, the limited liability company name satisfies the requirements of section 608.408, F.S., and that all fees owed by the limited liability company have been paid. This 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 Doug Barry					

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FROM PHOENIX LAW PARTNERS
Division of Corporations

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Florida Department of State
Division of Corporations
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LIMITED LIABILITY REINSTATEMENT

BARRY'S FLORIDA LLC

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