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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		3. Mailing Office Address	
444 Putter Point Court		81 Paseo Marisol	
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 April 2004
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	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 or the receiver or trustee empowered to execute the 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 608.408, 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 any 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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Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT

BARRY'S FLORIDA LLC

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