

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 24 AM 9:41

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000033210

1. Limited Liability Company's Name
Barnyard Software, LLC

300074662013
05/16/06--01023--017 **355.00

CR2E041 (8/05)

2. Principal Office Address 6685 Clark Road		3. Mailing Office Address 6685 Clark Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Sarasota, FL		City & State Sarasota, FL	
Zip 34241	Country USA	Zip 34241	Country USA

4. State/Country of Formation Florida/USA	
5. Date Organized or Qualified To Do Business in Florida 12/11/02	
6. FEI Number 55-0808990	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent	
Name Todd Underhill	
Street Address (P.O. Box Number is Not Acceptable) 6685 Clark Road	
Suite, Apt. #, Etc.	
City Sarasota	State FL
	Zip Code 34241

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 *Todd Underhill* Date **4/11/06**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Todd Underhill	6408 Goldfinch ST	Sarasota/ FL/ 34241
MGRM	Emarie Iniguez	6408 Goldfinch ST	Sarasota/ FL/ 34241

REINSTATEMENT 03-06

11. 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 *Todd Underhill* Date **4/11/06** Daytime Phone # **941-923-3782**

Typed or printed name of signing Managing Member/Manager **Todd Underhill**