

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 # LD2000033210

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

Suite, Apt. #, etc.

City & State
Sarasota, FL

Zip
34241

Country
USA

3. Mailing Office Address
6685 Clark Road

Suite, Apt. #, etc.

City & State
Sarasota, FL

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

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$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**