

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2011 SEP 29 AM 10:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Limited Liability Company's Name

**Comrades, LLC**

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #  
**1701 Tennessee Ave**

3. Mailing Office Address  
**1701 Tennessee Ave**

Suite, Apt. #, etc.

**Suite 100**

Suite, Apt. #, etc.

**Suite 100**

City & State

**Lynn Haven, FL**

City & State

**Lynn Haven, FL**

Zip

**32444**

Country

**USA**

Zip

**32444**

Country

**USA**

4. State/Country of Formation

**Florida**

5. Date Organized or Qualified  
To Do Business in Florida

**06/20/2003**

6. FEI Number

**81-0623292**

☐ 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  
**Gary A. Barrett**

Street Address (P.O. Box Number is Not Acceptable)  
**1701 Tennessee Avenue**

Suite, Apt. #, Etc.  
**Suite 100**

City  
**Lynn Haven**

State  
**FL**

Zip Code  
**32444**

E-mail Address:

**600212723276**  
**09/29/11--01040--005 \*\*377.50**

**gbarrett56@hotmail.com**

(To be used for future annual report notices)

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 **9-26-11**

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	Gary A. Barrett	1701 Tennessee Avenue	Lynn Haven, FL 32444
MGRM	Eric A. Jenkins, Sr.	1701 Tennessee Avenue	Lynn Haven, FL 32444

REINSTATEMENT

2010, 2011

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing  
Member/Manager

Date

**9-26-11**

Daytime Phone #

**850-277-0477**

Typed or printed name of signing Managing Member/Manager **Gary A. Barrett**