\SE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
06 NOV -7 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10-1-04
250.00

**LIMITED LIABILITY COMPANY REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000030677

1. Limited Liability Company's Name
Bara Enterprises, LLC

CR2E041 (8/05)

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 5052 Cassia Dr | 5052 Cassia Dr |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Pensacola, FL | City & State: Pensacola, FL |
| Zip: 32506 Country: U.S. | Zip: 32506 Country: U.S. |

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: August 18, 2003

6. FEI Number: 16-1679376 ☐ 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: Kim M. Jennings
700080694897
10/10/06--01062--019 **100.00

Street Address (P.O. Box Number is Not Acceptable): 5052 Cassia Dr
700080694897
10/10/06--01062--020 **50.00

Suite, Apt. #, Etc.

City: Pensacola State: FL Zip Code: 32506

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: [signature] REGISTERED AGENT MUST SIGN Date: October 2, 2006

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 |
|---|---|---|---|
| MGR | Kim M. Jennings | 5052 Cassia Dr | Pensacola, FL 32506 |
| | | | 700090694897 11/09/06--01023--005 **100.00 |
| | | | 700080694897 10/10/06--01062--021 **5.00 |
| | | REINSTATEMENT 04-06 | |
| | | | |

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: [signature] Date: 10/2/06 Daytime Phone #: (850) 453-3295

Typed or printed name of signing Managing Member/Manager: _____