

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

DOCUMENT # **L03000045014**

1. Limited Liability Company's Name

Bar 3R, LLC

2008 MAY 14 P 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #

2275 Canoe Creek Rd

Suite, Apt. #, etc.

3. Mailing Office Address

1021 Massachusetts Ave.

Suite, Apt. #, etc.

City & State

St. Cloud, FL

City & State

St. Cloud, FL

Zip

34769

Country

U.S.

Zip

34769

Country

U.S.

4. State/Country of Formation

FL, U.S.

5. Date Organized or Qualified
To Do Business in Florida

Nov. 17, 2003

6. FEI Number

56-2434250

☐ 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

Lewis, C.D., Jr.

Street Address (P.O. Box Number is Not Acceptable)

1021 Massachusetts Ave.

Suite, Apt. #, Etc.

City

St. Cloud

State

FL

Zip Code

34769

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

REGISTERED AGENT MUST SIGN

Date **April 24, 2008**

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	Gertrude Stevens	2275 Canoe Creek Rd	St. Cloud, FL 34769

200128111782
05/01/08--01052--010 **\$55.00

REINSTATEMENT

05-08

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

Date

4-25-08

Daytime Phone #

(407) 892-2872

Typed or printed name of signing Managing Member/Manager

Gertrude Stevens