

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 FEB 24 AM 9:51

DOCUMENT # L03000050670

1. Limited Liability Company's Name

M.R. BARRY, LLC

2. Principal Office Address

36 E. Edgewater Dr  
Suite, Apt. #, etc.

3. Mailing Office Address

Same  
Suite, Apt. #, etc.

City & State

Freeport

City & State

Florida

Zip

32439

Country

Walton

Zip

32439

Country

Walton

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

12-1-2003

6. FEI Number

☒ 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

Matthew R Barry

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

36 E. Edgewater Dr

Suite, Apt. #, Etc.

City

Freeport

State

FL

Zip Code

32439

REINSTATEMENT 04-05

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

*Matthew R Barry*

REGISTERED AGENT MUST SIGN

Date 2-22-05

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
-	Matthew R. Barry	36 E. Edgewater Dr Freeport, FL 32439	Freeport, FL 32439

100047583131  
03/02/05--01009--021 \*\*205.00

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

*Matthew R Barry*

Date 2-22-05

Daytime Phone # 850-554-7837

Typed or printed name of signing Managing Member/Manager

MATTHEW R BARRY