

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 DEC 30 AM 9:39

DOCUMENT # L 030000 52410

1. Limited Liability Company's Name

Backyard Concepts, LLC

2. Principal Office Address

1610 16th Avenue, S.

3. Mailing Office Address

1610 16th Avenue, S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33619

Country

Hillsborough

Zip

33619

Country

Hillsborough

4. State/Country of Formation

FL/Hillsborough

5. Date Organized or Qualified
To Do Business In Florida

January 1, 2004

6. FEI Number

02-0740926

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee is required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

David L. Andrews

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

1610 16th Avenue, South

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33619

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

David L. Andrews

REGISTERED AGENT MUST SIGN

Date

12/28/05

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 |
|--------|--------------------------------------|---|--------------------|
| MGRM | David L. Andrews | 1610 16th Avenue, South | Tampa, FL 33619 |
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REINSTATEMENT 04-05

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

David L. Andrews

Date

12/28/05

Daytime Phone #

(813) 598-8821

Typed or printed name of signing Managing Member/Manager David L. Andrews