

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JAN -4 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400113116734
12/13/07--01047--005 **105.00

CR2E041 (1/07)

DOCUMENT # LO3000052610

1. Limited Liability Company's Name

BackYard Concepts LLC

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

6010 16th AV. S.

Suite, Apt. #, etc.

3. Mailing Office Address

6010 16th AV. S.

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

FL Tampa

Zip

33619

Country

HILLS

Zip

33619

Country

HILLS

4. State/Country of Formation

FL HILLS

5. Date Organized or Qualified
To Do Business in Florida

2004

6. FEI Number

52-0740926

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

DAVID L ANDREWS

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

6010 16th AV. S.

Suite, Apt. #, Etc.

City

TAMPA FL

State

FL

Zip Code

33619

☒ 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

[Signature]

Date

12/11/07

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	DAVID L. ANDREWS	6010 16 th Ave. S.	Tampa, FL 33619
REINSTATEMENT			
2006-2007 GA 1/4			

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

12/11/07

Daytime Phone #

813 598-8821

Typed or printed name of signing Managing Member/Manager

DAVID ANDREWS