


2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 SEP 29 AM 10:13

DOCUMENT # L04000046330 1. Entity Name BAR HOLDINGS II, LLC			
Principal Place of Business 700 SOUTH MAIN STREET LABELLE, FL 3395		Mailing Address P.O. BOX 1518 LABELLE, FL 33975	
2. Principal Place of Business 1652 Ft Denaud Rd		3. Mailing Address PO Box 1289	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Labelle, FL		City & State Labelle, FL	
Zip 33935		Zip 33975	
Country USA		Country USA	
4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DENNING, SHERRI G 700 SOUTH MAIN STREET LABELLE, FL 3395		7. Name and Address of New Registered Agent Name Donna L. Santo Street Address (P.O. Box Number is Not Acceptable) 1652 Ft Denaud Rd City Labelle FL Zip Code 33935	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Donna Santo DATE 9/25/2005 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>			
FILE NOW!!! FEE IS \$50.00 After January 1, 2006, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DENNING, SHERRI 700 SOUTH MAIN STREET LABELLE, FL 3395	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7000605782 <input type="checkbox"/> Change <input type="checkbox"/> Addition 10/13/05--01039--008 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Donna L Santo 1652 Ft Denaud Rd Labelle, FL 33935	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 2005 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: Donna Santo <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date 9/25/2005 Daytime Phone # 239.229.1819	