

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

06 DEC 21 AM 8:21

DOCUMENT # L04000053127

1. Limited Liability Company's Name

AUBREY DALLEN AND ASSOCIATES, LLC

2. Principal Office Address

281 Alsace Avenue

Suite, Apt. #, etc.

City & State

Venice, Florida

Zip

34293

Country

USA

3. Mailing Office Address

281 Alsace Avenue

Suite, Apt. #, etc.

City & State

Venice, Florida

Zip

34293

Country

USA

CR2E041 (8/05)

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

07/19/2004

6. FEI Number

83-0402417

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

John W. Barker, Jr.

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

281 Alsace Avenue

Suite, Apt. #, Etc.

City

Venice

State

FL

Zip Code

34293

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

Date 12/07/2006

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	M. Rellama	281 Alsace Avenue	Venice, FL 34293
MGRM	J. Barker	281 Alsace Avenue	Venice, FL 34293
MGRM	John W. Barker, Jr.	281 Alsace Avenue	Venice, FL 34293

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 12/07/2006

Daytime Phone# 1-941-735-2304

Typed or printed name of signing Managing Member/Manager John W. Barker, Jr.