

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

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DOCUMENT # LO4000054514

1. Limited Liability Company's Name

TARR REAL ESTATE CONSULTANT LLC

CR2E041 (8/05)

2. Principal Office Address 3 Greystone Dr. Suite, Apt. #, etc.		3. Mailing Office Address 3 Greystone Dr. Suite, Apt. #, etc.	
City & State Middleton, MA		City & State Middleton, MA 01945	
Zip 01949	Country USA	Zip 01949	Country USA

4. State/Country of Formation FL/USA	
5. Date Organized or Qualified To Do Business in Florida 07/22/2004	
6. FEI Number	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
Andrea Shapiro
Street Address (P.O. Box Number is Not Acceptable)
20160 Palm Island Dr
Suite, Apt. #, Etc.
Boca Raton

State
FL
Zip Code
33498

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
REGISTERED AGENT MUST SIGN

Date 11/27/2006

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
MGR	Bernard Tarr	3 Greystone Dr.	Middleton, MA 01945
MGR	Nelson Tarr	3 Greystone Dr.	Middleton, MA 01945
			100082211021 12/01/06--01043--012 **250.00
	FF \$200.00 00 50.00		REINSTATEMENT 2005-2006 Curt

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 11/27/06 Daytime Phone #

Typed or printed name of signing Managing Member/Manager **Bernard Tarr**