

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 MAR 30 PM 1:05

DOCUMENT # L04000002549

1. Limited Liability Company's Name

Ronnie Barton, LLC

600173442886
03/29/10--01064--004 **416.25

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # <u>18614 Barton Rd</u>		3. Mailing Office Address <u>18614 Barton Rd</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Lutz, FL</u>		City & State <u>Lutz, FL</u>	
Zip <u>33549</u>	Country <u>USA</u>	Zip <u>33549</u>	Country <u>33549</u>

4. State/Country of Formation <u>Florida / USA</u>	
5. Date Organized or Qualified To Do Business in Florida <u>8/24/2004</u>	
6. FEI Number <u>20-0211727</u>	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

☒ 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.

8. Name and Address of Current Registered Agent		
Name <u>Ronnie Barton</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>18614 Barton Rd</u>		
Suite, Apt. #, Etc.		
City <u>Lutz</u>	State <u>FL</u>	Zip Code <u>33549</u>

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

RBT

REGISTERED AGENT MUST SIGN

Date 3/17/2010

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
<u>Member</u>	<u>Ronnie Barton</u>	<u>18614 Barton Rd</u>	<u>Lutz, FL 33549</u>

REINSTATEMENT 2008-2010

11. E-mail Address: Rbarton1@tampabay.rr.com

(To be used for future annual report notifications)

12. 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

RBT

Date 3/17/10

Daytime Phone # 813-477-7835

Typed or printed name of signing Managing Member/Manager

Ronnie Barton

T. Hampton MAR 31 2010