

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000000600

1. Limited Liability Company's Name

ROBERT L. BARNES, JR., P.L.

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

5509 W. Gray St.

Suite, Apt. #, etc.

Ste. 101

City & State

Tampa, FL

Zip

33609

Country

USA

3. Mailing Office Address

5509 W. Gray St.

Suite, Apt. #, etc.

Ste. 101

City & State

Tampa, FL

Zip

33609

Country

USA

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

01/01/2005

6. FEI Number

300289967

☐ 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

Robert L. Barnes, Jr.

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

5509 W. Gray St.

Suite, Apt. #, Etc.

Ste. 101

City

Tampa

State

FL

Zip Code

33609

☐ 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

Robert L. Barnes, Jr.

REGISTERED AGENT MUST SIGN

Date Nov. 25, 2008

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	Robert L. Barnes, Jr.	5509 W. Gray St., Ste. 101	Tampa, FL 33609

REINSTATEMENT

07-08

200138347732

12/01/00 01077 005 **377.50

L. SELLERS

DEC - 3 2008

EXAMINER

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

Robert L. Barnes, Jr.

Date 11/25/08 Daytime Phone # 813.288.8031

Typed or printed name of signing Managing Member/Manager Robert L. Barnes, Jr.