

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

12 NOV 14 AM 11:26  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**LIMITED LIABILITY  
 COMPANY  
 REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # L05000036969

1. Limited Liability Company's Name

**Bart Investments, LLC**

*BK*

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # c/o 255 Alhambra Circle		3. Mailing Office Address	
Suite, Apt. #, etc. Suite 500		Suite, Apt. #, etc.	
City & State Coral Gables, FL		City & State 07	
Zip 33134	Country USA	Zip	Country

4. State/Country of Formation FLORIDA/USA	
5. Date Organized or Qualified To Do Business in Florida 04/14/2005	
6. FEI Number 20-2881321	Applied For 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 Aragon Registered Agents, Inc.			
Street Address (P.O. Box Number is Not Acceptable) 255 Alhambra Circle			
Suite, Apt. #, Etc. Suite 500			
City Coral Gables	State FL	Zip Code 33134	

E-mail Address:  
 000241795740  
 11/14/12--01007--006 \*\*957.50  
 (To be used for future annual report notices)

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 *Mayra Fernandez* Date 11/7/12  
 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
MGR	MIGUEL A. RODRIGUEZ	c/o 255 Alhambra Circle Suite 500	Coral Gables, FL 33134
<b>REINSTATEMENT 2007-2012</b>			

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager *[Signature]* Date 11/7/12 Daytime Phone # 305-448-2936  
 Typed or printed name of signing Managing Member/Manager \_\_\_\_\_