PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 NOV -3 AM 8:55

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000050424

1. Limited Liability Company's Name
NEWBAR PROPERTIES #2, LLC

CR2E041 (8/05)

2. Principal Office Address	3. Mailing Office Address
940 West Oakland Ave.	940 West Oakland Ave.
Suite, Apt. #, etc.: Unit A7	Suite, Apt. #, etc.: Unit A7
City & State: Oakland, Fl	City & State: Oakland, Fl
Zip: 34787 Country: USA	Zip: 34787 Country: USA

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida: 05-20-05

6. FEI Number: 20-3005587 ☐ 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: Britton H. Barnes

Street Address (P.O. Box Number is Not Acceptable): 940 West Oakland Ave.

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10/03/06--01047--005 **50.00

Suite, Apt. #, Etc.: Unit A7

City: Oakland State: FL Zip Code: 34787

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 _____
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	Britton H. Barnes	940 West Oakland Ave., Unit A7	Oakland, Fl 34787
MGR	Harvey G. Newsome	940 West Oakland Ave., Unit A7	Oakland, Fl 34787
		REINSTATEMENT 2006	

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 9-29-06 Daytime Phone # (407) 905-9428

Typed or printed name of signing Managing Member/Manager Britton H. Barnes