



# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 OCT 18 AM 10:06

|  |   |                     |  |   |  |
|--|---|---------------------|--|---|--|
| <b>DOCUMENT # L05000086205</b><br>1. Entity Name<br><b>BARROWS, WILSON &amp; BRYANT, LLC</b>   |   |                     |  |                                    |  |
| Principal Place of Business<br><b>902 SAGO PALM WAY<br/>APOLLO BEACH, FL 33572</b>   |   |                     | Mailing Address<br><b>902 SAGO PALM WAY<br/>APOLLO BEACH, FL 33572</b> |   |  |
| 2. Principal Place of Business   |   | 3. Mailing Address  |  |   |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc. |  |   |  |
| City & State   |   | City & State        |  |   |  |
| Zip  | Country   | Zip                 | Country  | 4. FEI Number<br>10162006 REIN-LLC CR2E101 (11/05)  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |                     |  | <input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable                          |  |
| 6. Name and Address of Current Registered Agent  |   |                     |  | 7. Name and Address of New Registered Agent   |  |
| WILSON, ROBERT W<br>902 SAGO PALM WAY<br>APOLLO BEACH, FL 33572  |   |                     |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;">FL</span> Zip Code   |  |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  |   |                     |  |   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |   |                     |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After January 1, 2007, Fee will be \$200.00</b>   |   |                     | <b>Make check payable to<br/>Florida Department of State</b>           |   |  |
| 9. MANAGING MEMBERS/MANAGERS   |   |                     | 10. ADDITIONS/CHANGES  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>BARROWS, STEVEN P<br>16910 EQUESTRIAN TRAIL<br>ODESSA, FL 33556   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>300080967003<br>10/18/06--01055--023 ***150.00 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>BRYANT, ROBERT L SR.<br>11001 FT. KING ROAD<br>DADE CITY, FL 33525 |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. |   |                     |  |   |  |
| <b>SIGNATURE:</b>   |   |                     | 10/16/06 813-545-2385  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |   |                     | Date Daytime Phone #   |   |  |