## 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED SECRETARY OF STATE

DOCUMENT # L05000093329  Entity Name BURTON GALLERY, LLC  Principal Place of Business  Mailing Address						.	06 DEC 15				
38-E ATLANTIC AVENUE 38-E ATLANTIC AV DELRAY BEACH, FL 33444 DELRAY BEACH, FL							<b>                                    </b>	II BRIIB IRIBA IHR		EEL 11E IEEL	
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			11012006	11012006 REIN-LLC CR2E101 (11/05)				
City & State			City & State			4. FEI Numb	er			plied For t Applicable	
Zip	Country		Zip	Country		5. Certificate	5. Certificate of Status Desired  \$5.00 Additional Fee Required				
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
					Name	MADI 1	2 6 4				
ROSLIN, JOSH				-	CITEL 14. CASCID						
4300 N. O					Street Address (P.O. Box Number is Not Acceptable)						
DELRAY E	BEACH, F	L 33483		-	C 25	NE BR	D AVE #	1502			
				-	525 City D	- NO DE	21001		Zip Code	a ( ( ) , ( )	
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								miliar with,	and accept		
the obligat	the obligations of registered agent.										
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
	Signature, typec	or printed name of registered agent an	id title if applicable. (NOT)	E: Registered	d Agent signature	e required when reinstating	)	DATE			
	E NOW!!! F	FEE IS \$150.00 7, Fee will be \$200.00	d title if applicable. (NOT)	E: Registered	d Agent signaturi	e required when reinstating	Mak	oate ke check pay a Departmen		<b>1</b>	
	E NOW!!! F	FEE IS \$150.00 7, Fee will be \$200.00			d Agent signaturi	e required when reinetating	Mak Florid:	ke check pay a Departmen		2	
After Janu 9.	E NOW!!! F	FEE IS \$150.00	IS/MANAGERS	10.		e required when reinstating	Mak	e check pay a Departmen	nt of State		
9.	E NOW!!! Fiary 1, 200	TEE IS \$150.00 7, Fee will be \$200.00 MANAGING MEMBER		10.		e required when reinstating	Mak Florid:	e check pay a Departmen		Addition	
After Janu 9.	E NOW!!! F lary 1, 200 MGR ROSLIN,	FEE IS \$150.00 7, Fee will be \$200.00 MANAGING MEMBER JOSH	IS/MANAGERS	10. TITLE NAME		e required when reinstating	Mak Florid:	e check pay a Departmen	nt of State		
9. TITLE NAME	MGR ROSLIN, 38-E ATL	TEE IS \$150.00 7, Fee will be \$200.00 MANAGING MEMBER	IS/MANAGERS	10. TITLE NAME STREE		e required when reinstating	Mak Florid:	e check pay a Departmen	nt of State		
9. TITLE NAME STREET ADDRESS	MGR ROSLIN, 38-E ATL	TEE IS \$150.00 7, Fee will be \$200.00  MANAGING MEMBER  JOSH ANTIC AVENUE	IS/MANAGERS	10. TITLE NAME STREE CITY- TITLE NAME	it address st-zip		Mak Florida ADDITIONS	ke check pay a Department CHANGES	nt of State		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGR ROSLIN, 38-E ATL	TEE IS \$150.00 7, Fee will be \$200.00  MANAGING MEMBER  JOSH ANTIC AVENUE	IS/MANAGERS  Æ Delete	10. TITLE NAME STREE CITY- TITLE NAME	T ADDRESS ST-ZIP	MGR. MARNES MI 38-E ATL DELRAY	Mak Florida ADDITIONS	ce check pay a Department /CHANGES	☐ Change	<b></b> Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE	MGR ROSLIN, 38-E ATL	TEE IS \$150.00 7, Fee will be \$200.00  MANAGING MEMBER  JOSH ANTIC AVENUE	IS/MANAGERS  Æ Delete	10. TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE	T ADDRESS ST-ZIP	MGR. HARNES MI 38-E ATL	ADDITIONS  ADDITIONS  TCHELL AN TIC N. BLEACH	CHANGES	Change	Addition Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGR ROSLIN, 38-E ATL	TEE IS \$150.00 7, Fee will be \$200.00  MANAGING MEMBER  JOSH ANTIC AVENUE	IS/MANAGERS  Delete	10. TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME	IT ADDRESS ST-ZIP	MGR. HARNES MI 38-E ATL	ADDITIONS  ADDITIONS  TCHELL AN TIC N. BLEACH	CHANGES	Change	Addition Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE	MGR ROSLIN, 38-E ATL	TEE IS \$150.00 7, Fee will be \$200.00  MANAGING MEMBER  JOSH ANTIC AVENUE	IS/MANAGERS  Delete	10. TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE	T ADDRESS ST-ZIP	MGR. HARNES MI 38-E ATL	ADDITIONS  ADDITIONS  TCHELL AN TIC N	CHANGES	Change	Addition Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TITLE TITLE TITLE	MGR ROSLIN, 38-E ATL	TEE IS \$150.00 7, Fee will be \$200.00  MANAGING MEMBER  JOSH ANTIC AVENUE	IS/MANAGERS  Delete	10. TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE TITLE TITLE	IT ADDRESS ST-ZIP  IT ADDRESS ST-ZIP  IT ADDRESS ST-ZIP	MGR. HARNES MI 38-E ATL	ADDITIONS  ADDITIONS  TCHELL AN TIC N. BLEACH	CHANGES  CHANGES  CHANGES  CHANGES  CHANGES  CHANGES	Change	Addition Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGR ROSLIN, 38-E ATL	TEE IS \$150.00 7, Fee will be \$200.00  MANAGING MEMBER  JOSH ANTIC AVENUE	IS/MANAGERS  Delete  Delete	10. TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME	T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP	MGR. MARNES MI 38-E ATLI DELLAY G	ADDITIONS  TCHELL ANTIC NO. 3127641	CHANGES  CHANGES  CHANGES  CHANGES  CHANGES	Change  Change  Change  Change  Change	Addition  Addition  Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGR ROSLIN, 38-E ATL	TEE IS \$150.00 7, Fee will be \$200.00  MANAGING MEMBER  JOSH ANTIC AVENUE	IS/MANAGERS  Delete  Delete	10. TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME	T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP	MGR. MARNES MI 38-E ATLI DELLAY G	ADDITIONS  ADDITIONS  TCHELL AN TIC N. BLEACH	CHANGES  CHANGES  CHANGES  CHANGES  CHANGES	Change  Change  Change  Change  Change	Addition  Addition  Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	MGR ROSLIN, 38-E ATL	TEE IS \$150.00 7, Fee will be \$200.00  MANAGING MEMBER  JOSH ANTIC AVENUE	Delete  Delete	10. TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY-	T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP	MGR. MARNES MI 38-E ATLI DELLAY G	ADDITIONS  TCHELL ANTIC NO. 3127641	SECTION SECTIO	Change	Addition  Addition  Addition  OO  Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROSLIN, 38-E ATL	TEE IS \$150.00 7, Fee will be \$200.00  MANAGING MEMBER  JOSH ANTIC AVENUE	IS/MANAGERS  Delete  Delete	10. TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE	T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP	MGYC. PARNES MI 38-E ATL DELLAY G 12/1	Mak Florid: ADDITIONS TCHELL ANTIC NO BEACH, 1 00082: 8/06-0100	SOUE  5847  3-003	Change  Change  Change  Change  Change	Addition  Addition  Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MGR ROSLIN, 38-E ATL	TEE IS \$150.00 7, Fee will be \$200.00  MANAGING MEMBER  JOSH ANTIC AVENUE	Delete  Delete	10. TITLE NAME STREE CITY- TITLE NAME	T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP	MGYC. PARNES MI 38-E ATL DELLAY G 12/1	Mak Florid: ADDITIONS TCHELL ANTIC NO BEACH, 1 00082: 8/06-0100	SOUE  5847  3-003	Change	Addition  Addition  Addition  OO  Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGR ROSLIN, 38-E ATL	TEE IS \$150.00 7, Fee will be \$200.00  MANAGING MEMBER  JOSH ANTIC AVENUE	Delete  Delete	10. TITLE NAME STREE CITY- TITLE NAME	T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP	MGR. MARNES MI 38-E ATLI DELLAY G	Mak Florid: ADDITIONS TCHELL ANTIC NO BEACH, 1 00082: 8/06-0100	SOUE  5847  3-003	Change	Addition  Addition  Addition  OO  Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MGR ROSLIN, 38-E ATL	TEE IS \$150.00 7, Fee will be \$200.00  MANAGING MEMBER  JOSH ANTIC AVENUE	Delete  Delete	10. TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE STREE STREE CITY- TITLE NAME STREE STREE	T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP	MGYC. PARNES MI 38-E ATL DELLAY G 12/1	Mak Florid: ADDITIONS TCHELL ANTIC NO BEACH, 1 00082: 8/06-0100	SB47 3-003	Change	Addition  Addition  Addition  OO  Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGR ROSLIN, 38-E ATL	TEE IS \$150.00 7, Fee will be \$200.00  MANAGING MEMBER  JOSH ANTIC AVENUE	Delete  Delete  Delete  Delete	10. TITLE NAME STREE CITY- TITLE NAME	T ADDRESS ST-ZIP	MGYC. PARNES MI 38-E ATL DELLAY G 12/1	Mak Florid: ADDITIONS TCHELL ANTIC NO BEACH, 1 00082: 8/06-0100	SB47 3-003	change  3444 Change  ***31. Change  ***119 Change	Addition  Addition  Addition  OO  Addition  OI)  Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MGR ROSLIN, 38-E ATL	TEE IS \$150.00 7, Fee will be \$200.00  MANAGING MEMBER  JOSH ANTIC AVENUE	Delete  Delete  Delete  Delete	10. TITLE NAME STREE CITY- TITLE NAME STREE	T ADDRESS ST-ZIP	MGYC. PARNES MI 38-E ATL DELLAY G 12/1	Mak Florid: ADDITIONS TCHELL ANTIC NO BEACH, 1 00082: 8/06-0100	SB47 3-003	change  3444 Change  ***31. Change  ***119 Change	Addition  Addition  Addition  OO  Addition  OI)  Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROSLIN, 38-E ATL DELRAY	TEE IS \$150.00 7, Fee will be \$200.00  MANAGING MEMBER  JOSH ANTIC AVENUE	Delete  Delete  Delete  Delete  Delete	10. TITLE NAME STREE CITY- TITLE NAME STREE C	IT ADDRESS ST-ZIP  IT ADDRESS ST-ZIP	MGR. PARNES MI SS-E ATL DELRAY G 12/11	Mak Florid: ADDITIONS TCHELL ANTIC NO BIETHELL 8/06-0100	SB47 3-003	change  3444 Change  ***31. Change  ***119 Change	Addition  Addition  Addition  OO  Addition  OI)  Addition	

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 servery or instee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE and Typed or Printed name of Signing Managing Member, Manager, or authorized representative

11/3/00

Date

561 214 7478

Daytime Phone #