2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000034372

1. Entity Name MYBAR, LLC



FILED

09 MAR 24 AM III: 36

SECRETARY OF STATE

| | | Seat. 1 | | ALLAHASSEE. F | ODIE | <u> </u> |
|--|--|-----------------------------------|---|--|--------------|--------------------|
| Principal Place of Business | Mailing Address | | ., | ALLAMAGORE, F | LONIL | <i>/</i> A |
| 5852 SW 72 STREET | 5852 SW 72 STREET | | | | | |
| #5 | #5 | | | | | |
| MIAMI, FL 33143 | MIAMI, FL 33143 | | | ANN ARMI CAIRC ANN AIREAC ANN I | ENA INFO | |
| 2. Principal Place of Business - No P.O. E | Box # 3. Mailing Address | ~ | | | | |
| 1000 SW 81 Drive | 8000 SW 81 | Drive | - I I I I I I I I I I I I I I I I I I I | M)) 88) 00 28 ttl 0;000 tl | 19919 646 | J III I ZZI |
| Suite, Apt, #, etc. | Suite. Apt. #, etc. | | 02232009 REIN-LLC | CR2E101 (* | 1/07) | |
| 405 | 405 City & State | | 4. FEI Number | i | Appl | ied For |
| Mami FC | Hiami, Fc | | 4. PEI Number | ļ. | | Applicable |
| Zip Country | Zip | Country | 5 6 4 5 4 4 6 4 4 6 4 4 6 4 4 | \$5.0 | 0 Addition | |
| 33143 USA_ | 33143 U | (SA | 5. Certificate of Status Desi | | equired | |
| 6. Name and Address of | of Current Registered Agent | | 7. Name and Address of N | ew Registered Agent | | |
| DADDADA DICHADO | | Name | | | | |
| BARBARA, RICHARD 2701 SOUTH BAYSHORE DRIV | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| SUITE 605 | | | | - DRIVE | | |
| MIAMI, FL 33133- | 7 h | Suite 3 | 305 | | | |
| ` | | CityMiar | m i | FL Zi | ip Code | 3313 |
| 8. The above named entity subplits this | atement or the purpose of changing its: | | | | | |
| the obligations of registered agent | | -5 | | | | • |
| SIGNATURE | | | | 21 | 10 | a |
| Signature, typed or printed name of re | gistered agent and title if applicable (NOTE | : Registered Agent signature requ | ired when reinstating) | DATE 2/ | 1310 | ' -1 |
| | | | | | | |
| FILE NOWIII FEE IS \$377 | .50 | | | Make check payabl orida Départment of | | |
| | | | [] | orida Department o | i State | |
| 9. MANAGII | NG MEMBERS/MANAGERS / | 10. | ADDITI | ONS/CHANGES | | |
| TITLE MGRM | ☑ Delete | TITLE Hanagin | g member | | hange | Addition |
| NAME GOOSE HOLDINGS, IN | | NAME Terry C | ocailis 2 sw 72 street, 7 | .1 | | |
| STREET ADDRESS 5852 SW 72 STREET, | #5 | STREET ADDRESS 585 | a sw 72 smeet, 7 | # <i>5</i> | | |
| CITY-ST-ZIP MIAMI, FL 33143 | | | i, FL 33143 | | · | Addition |
| TITLE MGRM NAME AJP HOLDINGS, INC. | Delete | TITLE Member | Talecias | | hange | Numicion |
| STREET ADDRESS 7015 MIRA FLORES A | VENUE . | STREET ADDRESS 300 | Iglesias o sw 81 street, | # <i>4</i> 05 | | |
| CITY-ST-ZIP CORAL GABLES, FL 3 | | CITY-SI-ZIP Mian | i FL 33143 | | | |
| TITLE MGRM | Delete | TITLE Member | - " | c | hange | Addition |
| NAME TYRANNOSAURUS HO | OLDINGS, CORP. | NAME JOSEF PO | esta 10 Arthur street | L | | |
| STREET ADDRESS 5852 SW 72 STREET, | #3 | STREET ADDRESS 643 | so Arthur Street | - \ | | |
| CITY-SI-ZIP MIAMI, FL 33143 | | CHY-SI-ZIP HOLLY | <u> 100d, FL 33024</u> | <u>. </u> | | |
| TITLE | ☐ Delete | TITLE | | □ 0 | Change | Addition |
| NAME STREET ADDRESS | | NAME STREET ADDRESS | | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | | |
| TITLE | ☐ Delete | TITLE | · · · · · · · · · · · · · · · · · · · | □ 0 | hange | Addition |
| NAME | = 55000 | NAME | 1001 | | | |
| STREET ADDRESS | | STREET ADDRESS | ν 03/19/09 | 462302 01011032 | **38 | 2.50 |
| CITY-ST-ZIP | | City ST-ZIP | | | | |
| TILE REINSD | ALEMEPHIEL / | XILE V | \mathcal{F} | | Change | Addition |
| NAME | (| MANE STREET ADDRESS | 7 K | | | |
| STREET ADDRESS CITY-ST-ZIP | | CITY-ST-ZAF | XL \ | | | |
| 44. I hereby sertify that the information of | unnlied with this filling does not qualify for | the exemptions contains | d in Chapter 119, Florida Statut | es. I further certify that | the inforr | nation |
| indicated on this report is true and ac | curate and that my signature shall have t | the same legal effect as if | made under cath: that I am a r | managing member or n | nanager | of the |
| limited liability company or the receiv | er or trustee empowered to execute this | report as required by Cha | pioi 606, Fiorida Statutes. | د ۹ | .1 | 24.5 |
| <i>〈 /_</i> | 11.0 | | | 202- | 439 | -2412 |
| SIGNATURE: | NATED NAME OF RIGHING MANAGING MEMBER MAN | MAGES OF AUTHORIZED BERGE | SENTATIVE ONE O | 23 09 Davtime F | Phone # | |
| | | | | | | |