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15 APR 23 AM 8:37
U.S. DEPT. OF JUSTICE
FALL HARBOR, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		<div style="border: 1px solid black; padding: 5px; transform: rotate(-15deg); display: inline-block;"> FILED 15 APR 23 AM 8:37 DEPARTMENT OF STATE TALLAHASSEE, FLORIDA </div>	
DOCUMENT # L11000053146 1. Limited Liability Company's Name Baron Master White, LLC					
2. Principal Office Address - No P.O. Box # 495 Grand Boulevard		3. Mailing Office Address 495 Grand Boulevard		CR2E041 (1/14) 4. State/Country of Formation Florida 5. Date Organized or Qualified To Do Business in Florida 05/04/2011 6. FEI Number 80-0718452 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	
Suite, Apt. #, etc Suite 206		Suite, Apt. #, etc Suite 206			
City & State Miramar Beach, FL		City & State Miramar Beach, FL			
Zip 32550	Country USA	Zip 32550	Country USA		
8. Name and Address of Current Registered Agent Name Ruth Laws Trammell Street Address (P.O. Box Number is Not Acceptable) Suite, 430 Seacrest Drive Apt. #, Etc. City Panama City Beach					
		State FL	Zip Code 32413		
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S. Signature of Registered Agent <u><i>Ruth Trammell</i></u> Date 04-22-2015 <div style="text-align: center; font-size: small;">REGISTERED AGENT MUST SIGN</div>					
10. Names and Street Addresses of Authorized Representatives/Managers					
Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip		
MGR	Harold H. White III	495 Grand Boulevard, Suite 206	Miramar Beach, FL 32550		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> REINSTATEMENT <div style="font-size: 2em; font-family: cursive;">2014-2015</div> </div> <div style="width: 35%; text-align: center;"> S. HAWKES APR 24 EXAMINER </div> </div>					
11. E-mail Address Babe.Trammell@gmail.com					
(To be used for future annual report notifications)					
12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member <u><i>Harold H. White III</i></u>		Date 04-22-2015		Daytime Phone # 850-585-0536	
Typed or printed name of signing authorized representative/member Harold H. White III					