PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # L98-1204

1. Limited Liability Company's Name

Barrington Investment Group, LLC

REINSTATEMENT 2000

2. Principal Office Address		**3.** Mailing Office Address	
c/o Alan L. Stanzler		c/o Alan L. Stanzler	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
15 Beaver Pond Road		15 Beaver Pond Road	
City & State		City & State	
Lincoln, MA		Lincoln, MA	
Zip	Country	Zip	Country
01773	US	01773	US

4. State/Country of Formation
Florida, U.S.

5. Date Organized or Qualified To Do Business in Florida
7/21/98

6. FEI Number
04-3427869
☐ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED [X]
$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
Jon Rose, c/o Charles Wayne Properties

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-11/15/00--01119--003
****150.00 ****150.00

Street Address (P.O. Box Number is Not Acceptable)
2300 Maitland Center Parkway

Suite, Apt. #, Etc.
Suite 306

City
Maitland

State
FL

Zip Code
32751

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 Jon Rose
REGISTERED AGENT MUST SIGN

Date 10/31/00

CR2E041 (9/99)

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
MGRM	Alan L. Stanzler	15 Beaver Pond Road	Lincoln, MA 01773
			900003465209--0 -11/15/00--01119--004 *****5.00 *****5.00

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 Alan L Stanzler Date 10/31/00 Daytime Phone # 617 451 1500

Typed or printed name of signing Managing Member/Manager Alan L. Stanzler