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
02 JAN 30 PM 3:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000002407

1. Limited Liability Company's Name
BARNETT FINANCIAL GROUP, LLC

2. Principal Office Address	3. Mailing Office Address
1500 UNIVERSITY DRIVE	
Suite, Apt. #, etc.: SUITE # 253	Suite, Apt. #, etc.
City & State: CORAL SPRINGS, FL.	City & State
Zip: 33071 Country: BROWARD	Zip Country

4. State/Country of Formation: FLORIDA, BROWARD
5. Date Organized or Qualified To Do Business in Florida: 10/27/98
6. FEI Number: 65-0877765 ☐ Applied For ☐ Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☑ $50.00 Additional Fee Required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: WILLIE BARNETT
900004853609--9
-02/01/02--01060--007
****205.00 ****205.00
Street Address (P.O. Box Number is Not Acceptable): 1500 UNIVERSITY DRIVE
Suite, Apt. #, Etc.: SUITE # 253
City: CORAL SPRINGS State: FL Zip Code: 33071

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: [signature] Date: 4/26/01
REGISTERED AGENT MUST SIGN

CR2E041 (9-00)

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	WILLIE BARNETT	1500 UNIVERSITY DRIVE #253	CORAL SPRINGS, FL 33071
MANG	MARIE RODGERS	1500 UNIVERSITY DR. #253	CORAL SPRINGS, FL 33071
MANG	SYNARA BLACK	1500 UNIVERSITY DR. #253	CORAL SPRINGS, FL. 33071
		REINSTATEMENT	

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.[illegible] 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: [signature] Date: 4/26/01 Daytime Phone #: 954-914-6104

Typed or printed name of signing Managing Member/Manager: WILLIE BARNETT

BARNETT FINANCIAL GROUP, LLC
1500 UNIVERSITY DRIVE, SUITE 253
CORAL SPRINGS, FLORIDA 33071
TELE: (954) 755-8310

Florida Department Of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Re: Reinstatement
Barnett Financial Group, LLC

Dear Sir/Madam:

In accordance with your telephone instructions on January 28, 2002, please find enclosed the completed Reinstatement form for the above named corporation along with a check in the amount of $205.00. Please not the change in the company's mailing address and the changes of managers.

Your assistance in this matter is greatly appreciated.

Sincerely,

Willie Barnett,
Senior Manager