

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

00 NOV -1 PM 11:02

DOCUMENT # L 99000001915

1. Limited Liability Company's Name

BAR NONE LLC

2. Principal Office Address

824 E HWY 98

Suite, Apt. #, etc.

City & State

DESTIN FL

Zip
32541

Country

USA

3. Mailing Office Address

720 GULF SHORE DR

Suite, Apt. #, etc.

UNIT 608

City & State

DESTIN FL

Zip

32541

Country

USA

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified

To Do Business in Florida

APRIL 5 1999

6. FEI Number

59-3558791

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

J M SCHEYD JR PA

Street Address (P.O. Box Number is Not Acceptable)

1221 AIRPORT RD SU 209

Suite, Apt. #, Etc.

SU 209

City

DESTIN

State

FL

Zip Code

32541

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]

REGISTERED AGENT MUST SIGN

Date

10/26/00

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
mgr	STEVEN M GRAHAM	720 GULF SHORE DR #608	DESTIN FL 32541

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

[Signature]

Date

10/13/00

Daytime Phone #

850 650 2645

Typed or printed name of signing Managing Member/Manager

STEVEN M GRAHAM