

*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

00 DEC 29 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-01/04/01--01075--005
****450.00 ****150.00

DOCUMENT # L 9900000 4525

1. Limited Liability Company's Name

BARAKKA INVESTMENT GROUP
OF FLORIDA, LLC
L 9900000 4525

2. Principal Office Address

6823 OLD RANCH ROAD
SARASOTA, FL 34241
Suite, Apt. #, etc.

3. Mailing Office Address

6823 OLD RANCH ROAD
SARASOTA, FL 34241
Suite, Apt. #, etc.

City & State

SARASOTA, FL

City & State

SARASOTA, FL

Zip

34241

Country

USA

Zip

34241

Country

USA

REINSTATEMENT 2000

4. State/Country of Formation

FLORIDA USA

**5. Date Organized or Qualified
To Do Business in Florida**

10/88

6. FEI Number

APPLIED FOR

☒ 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

CARL E. PATRICK

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

6823 OLD RANCH ROAD

Suite, Apt. #, Etc.

City

SARASOTA

State
FL

Zip Code

34241

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

12/27/00

REGISTERED AGENT MUST SIGN

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
<u>MGR</u>	<u>CARL E. PATRICK</u>	<u>6823 OLD RANCH RD</u>	<u>SARASOTA, FL 34241</u>

FF \$150.00

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

(Signature)

Date

12/27/00

Daytime Phone #

941-924-6677

Typed or printed name of signing Managing Member/Manager

CARL E. PATRICK