

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M04000000790

1. Limited Liability Company's Name

Newburns Management Group LLC.

2. Principal Office Address - No P.O. Box #
800 Airline Hwy

Suite, Apt. #, etc.
Suite 338 New Orleans Airport

City & State
Kenner, LA

Zip
70062

Country
Jefferson

3. Mailing Office Address
800 Airline Hwy

Suite, Apt. #, etc.
Suite 338 New Orleans Airport

City & State
Kenner, LA

Zip
70062

Country
Jefferson

4. State/Country of Formation
Louisiana

5. Date Organized or Qualified
To Do Business in Florida **2/18/04**

6. FEI Number
721502280

☐ 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
Winston Burns

Street Address (P.O. Box Number is Not Acceptable)
2252 Cypress Trace Circle

Suite, Apt. #, Etc.

City
ORLANDO

State
FL

Zip Code
32825

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

Winston Burns
REGISTERED AGENT MUST SIGN

Date **12/11/07**

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
CEO	Winston Burns	2252 Cypress Trace Circle	ORLANDO, FL 32825
COO	Wendy Burns	2252 Cypress Trace Circle	ORLANDO, FL 32825

REINSTATEMENT

06-07

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

Winston Burns

Date

12/11/07

Daytime Phone #

**504 4431414
407 825-3066**

Typed or printed name of signing Managing Member/Manager

WINSTON J. BURNS JR