2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M04000001155

1. Entity Name
THE BYRNE FAMILY LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 OCT 17 AM 8:39

Principal Place of Business	Mailing Address
19 CONIFER ST. HOWELL NJ 07731	19 CONIFER ST. HOWELL, NJ 07731

2. Principal Place of Business - No P.O. Box # | 3. Mailing Address

Street Address, Apt. #, etc. | Suite, Apt. #, etc.

City & State | City & State

Zip | Country | Zip | Country

10082007 REIN-LLC CR2E101 (1/07)

4. FEI Number
22-3716634
Applied For
Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BYRNE, MICHAEL T
300 S. COLLIER BLVD. #802
MARCO ISLAND, FL 34145

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE: Michael T. Byrne 10/9/07
Typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. Date

FILE NOW!!! Fee is $50.00
After January 1, 2008, Fee will be $100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BYRNE, MICHAEL T 19 CONIFER ST. HOWELL, NJ 07731	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add'l box
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BYRNE, ISABELLE T 19 CONIFER ST. HOWELL, NJ 07731	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition REINSTATEMENT 2007
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 300110843623 07/06/07--60041--012 **120.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FF $50 OP 70	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Michael T. Byrne 10/9/07
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #