Florida Department of State
Division of Corporations
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Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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LIMITED LIABILITY REINSTATEMENT
BERRY UTOPIA II, LLC

Certificate of Status	0
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2015 OCT 29 PM 3:19

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/14)

DOCUMENT # M14000004323

1. Limited Liability Company's Name
BERRY UTOPIA II, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1807 Airport Dr.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: San Marcos, Texas		City & State	
Zip: 78666	Country: usa	Zip	Country

4. State/Country of Formation: Texas

5. Date Organized or Qualified To Do Business in Florida: 06/18/2014

6. FEI Number: 47-1211762 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ $5.00 [illegible] for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: CT Corporation System		
Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Rd.		
Suite, Apt. #, Etc.		
City: Plantation	State: FL	Zip Code: 33324

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: [signature] Jordan Brown, Assistant Secretary CT Corporation System Date: 10/29/2015

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
manager	Harry M. Berry III	1807 Airport Rd.	San Marcos, Tx. 78666
manager	Eileen Clegg Berry	1807 Airport Rd.	San Marcos, Tx. 78666

11. E-mail Address: sonny@berryaviation.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: [signature] Date: 10-29-15 Daytime Phone #: 512-353-2379

Typed or printed name of signing Authorized Representative/Manager: Harry M. Berry III

OCT 29 2015

L BERGER