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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

2018 SEP 13 PM 4:32

SECRETARY OF STATE TALLAHASSEE, FL

DOCUMENT # M15000002481

1. Limited Liability Company's Name John Barrett Holdings, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 2333 Ponce De Leon Blvd.

3. Mailing Office Address 2333 Ponce De Leon Blvd.

4. State/Country of Formation Delaware

Suite, Apt. #, etc Ste. R-240

Suite, Apt. #, etc. Ste. R-240

5. Date Organized or Qualified To Do Business in Florida

City & State Coral Gables, FL

City & State Coral Gables, FL

6. FEI Number 46-5379443

Applied For Not Applicable

Zip Country 33134 USA

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7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required 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 S. Pine Island Rd.

Suite, Apt. #, Etc.

City Plantation

State Zip Code FL 33324

800318482218

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 Mark Holloway, Asst. Secretary REGISTERED AGENT MUST SIGN

Date 9/12/18

10. Names and Street Addresses of Authorized Representatives/Managers

Table with 4 columns: Titles, Name of Authorized Representatives/Managers, Street Address of Each Authorized Representative/Manager, City / State / Zip. Row 1: Auth. Rep., General American Capital Partners LLC, 2333 Ponce De Leon Blvd., #R240, Miami, FL 33134

11. E-mail Address: bdagrosa@gacp.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 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 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 Joseph DeGrosa Jr. Date 9/12/18 Daytime Phone # 786-662-3114

Typed or printed name of signing Authorized Representative/Manager

2052

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 9/13/2018

Acc#I20160000072

en: c [Signature]

Name:	JOHN BARRETT HOLDINGS, LLC
Document #:	
Order #:	11153454

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **546.25**

Thank you!

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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