

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT  **FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # M15000006954

1. Limited Liability Company's Name
BARKMAN ARCADIA, LLC

2. Principal Office Address - No P.O. Box #
120 SANTA FE
Suite, Apt. #, etc.,

3. Mailing Office Address
120 SANTA FE
Suite, Apt. #, etc.,

4. State/Country of Formation
KANSAS

5. Date Organized or Qualified To Do Business in Florida
09/01/2015

6. FEI Number ☐ Applied For ☒ Not Applicable

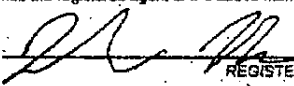
7. CERTIFICATE OF STATUS DESIRED ☐ See Board of Directors Fee Schedule for details of this requirement.

8. Name and Address of Current Registered Agent

Name
C T CORPORATION SYSTEM
Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD
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.

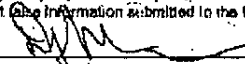
Signature of Registered Agent  **Jordan Brown Assistant Secretary** Date **11/08/2016**
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Title	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGR	DOUG WEINBRENNER	120 SANTA FE	HILLSBORO, KS 67063

11. E-mail Address: **dweinbrenner@barkmanhoney.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 the information submitted to the Department of State constitutes a third degree felony as provided in s. 817.135, F.S.

Signature of Authorized Representative/Manager  Date **11/18/16** Daytime Phone # **316-947-3173**

Typed or printed name of signing Authorized Representative/Manager: **DOUG WEINBRENNER, Manager**

11/9/2016

Division of Corporations

Florida Department of State
Division of Corporations
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**LIMITED LIABILITY REINSTATEMENT
BARKMAN ARCADIA, LLC**

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