

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2003 NOV 19 PM 4:07

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L02000009062

1. Limited Liability Company's Name

BPF INVESTMENTS, L.L.C.

300024843993
11/19/03--01006--025 **150.00

2. Principal Office Address 2717 Ponce de Leon Blvd. Suite, Apt. #, etc. City & State Coral Gables, Florida Zip 33134 Country U.S.A.		3. Mailing Office Address 2717 Ponce de Leon Blvd. Suite, Apt. #, etc. City & State Coral Gables, Florida Zip 33134 Country U.S.A.	
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4. State/Country of Formation	
5. Date Organized or Qualified To Do Business in Florida	
6. FEI Number 43-1959275	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name Edwin Acosta Rubio		
Street Address (P.O. Box Number is Not Acceptable) 2717 Ponce de Leon Blvd.		
Suite, Apt. #, Etc.		
City Coral Gables	State FL	Zip Code 33134

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 _____ Date 11-11-03
REGISTERED AGENT MUST SIGN

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
MGRM	MARIA VISITACION BURGOS	2717 Ponce de Leon Blvd.	Coral Gables, Florida 33134
MGRM	MARINA PASCUAL DE BURGOS	2717 Ponce de Leon Blvd.	Coral Gables, Florida 33134
MGRM	ISIDRO BURGOS MARTINEZ	2717 Ponce de Leon Blvd.	Coral Gables, Florida 33134

REINSTATEMENT 2003

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 _____ Date 11/11/03 Daytime Phone# 305-567-9950
Typed or printed name of signing Managing Member/Manager Maria V. Burgos

CR2E041 (10/02)