

2012 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

12 OCT -2 PM 12: 28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # M11000004940					
1. Entity Name BOK ENTERPRISES OF N.V. LLC					
Principal Place of Business 15963 128TH PLACE LIVE OAK, FL 32060			Mailing Address 15963 128TH PLACE LIVE OAK, FL 32060		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc			
City & State		City & State		4. FEI Number 59-3651594	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HARDEN, STEPHANIE 1524 DALLAS STREE NE LIVE OAK, FL 32064			7. Name and Address of New Registered Agent		
			Name <i>Buddy Kennedy</i>		
			Street Address (P.O. Box Number is Not Acceptable) <i>15963 128th Place</i>		
			City <i>LIVE OAK</i> FL Zip Code <i>32060</i>		
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 <i>Buddy Kennedy</i>		(NOTE: Registered Agent signature required when reinstating)		DATE <i>10-02-12</i>	
FILE NOW!!! FEE IS \$238.75 After January 1, 2013, Fee will be \$377.50			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM KENNEDY, MAURICE 15963 128TH PLACE LIVE OAK, FL 32060	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
			REINSTATEMENT <i>12/9/12</i>		
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: <i>Buddy Kennedy</i>		(NOTE: Registered Agent signature required when reinstating)		DATE <i>10-2-12</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		E-MAIL ADDRESS