Nov-15-200 11:48 F[illegible]

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PLEAS[illegible] READ[illegible] INSTRUCTIONS [illegible] OF COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
2002 NOV 19 PM 1:43
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L00000007800

1. Limited Liability Company's Name
B.K.C. HOLDINGS, LLC

2. Principal Office Address	3. Mailing Office Address
3860 N. POWERLINE RD	3860 N. POWERLINE RD
Suite, Apt. #, etc. 100 (SUITE)	Suite, Apt. #, etc. SUITE 100
City & State POMPANO BEACH, FL	City & State POMPANO BEACH, FL
Zip 33073 Country USA	Zip 33073 Country USA

4. State/Country of Formation FLORIDA

5. Date Organized or Qualified To Do Business in Florida 06/30/2000

6. FEI Number 65-1037195 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: DANIEL CHAUVIER
Street Address (P.O. Box Number Is Not Acceptable): 3860 N. POWERLINE RD
Suite, Apt. #, Etc.: SUITE 100
City: POMPANO BEACH State: FL Zip Code: 33073

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 11-15-02
REGISTERED AGENT MUST SIGN

CR2E041 (9/01)

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
MGR	DANIEL CHAUVIER	3860 N. POWERLINE RD SUITE 100	POMPANO BEACH, FL 33073

500009081735
11/19/02 01033 023 **200.00

REINSTATEMENT 2001, 2002

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 11-15-02 Daytime Phone # 954-979 7955

Typed or printed name of signing Managing Member/Manager DANIEL CHAUVIER

Ruden, McClosky et. al.
Requester's Name

215 S. Monroe Street, Suite 815
Address

Tallahassee, FL 412-2000
City/State/Zip Phone #

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2002 NOV 19 PM 1:43
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Reinstatement of a LLC
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

☐ Walk in ☐ Pick up time _____ ☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials

CR2E031(7/97)