

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 DEC 16 PM 12:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (10/08)

DOCUMENT # L06000090556

1. Limited Liability Company's Name

BKMC, LLC

9/11/07

2. Principal Office Address - No P.O. Box #

2600 NW 3RD PL.

Suite, Apt. #, etc.

3. Mailing Office Address

2600 NW 3RD PL.

Suite, Apt. #, etc.

City & State

CAPE CORAL FL

City & State

CAPE CORAL FL

Zip

33993

Country

U.S.

Zip

FL 33993

Country

US

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

9-06

6. FEI Number

20-5511414

☐ 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

Maureen Mitchell

Street Address (P.O. Box Number is Not Acceptable)

2600 NW 3RD PL.

Suite, Apt. #, Etc.

City

CAPE CORAL

State

FL

Zip Code

33993

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

M. Mitchell

Date 12-6-08

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
Manager MGRM	Maureen Mitchell	<u>2600 NW 3RD PL.</u> CAPE CORAL FL 33993	<u>CAPE CORAL FL</u> <u>33993</u>

REINSTATEMENT

2007-2008

without Penalty

up 12/17

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

M. Mitchell

Date

12-6-08

Daytime Phone #

239-289-7533

Typed or printed name of signing Managing Member/Manager

Maureen Mitchell