

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**FILED**

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

09 MAY 12 AM 11:44

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # L05000064923

1. Limited Liability Company's Name

B.G.K. PROPERTIES, LLC

000155529200  
05/06/09--01020--004 \*\*\$55.00

CR2E041 (10/08)

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

2392 HAWKCREST DR., E.

Suite, Apt. #, etc.

3. Mailing Office Address

2392 HAWKCREST DR., E.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FLORIDA

City & State

JACKSONVILLE, FLORIDA

Zip

32259

Country

USA

Zip

32259

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified

To Do Business in Florida JUNE 28, 2005

6. FEI Number

20-4012597

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

PAUL KAJY

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

2392 HAWKCREST DR., E.

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32259

☐ 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

REGISTERED AGENT MUST SIGN

Date

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	PAUL KAJY	2392 HAWKCREST DR., E.	JACKSONVILLE, FLORIDA 32259

REINSTATEMENT

06-09

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 608.408, 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

Daytime Phone #

Typed or printed name of signing Managing Member/Manager PAUL KAJY