

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JUN -2 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600181569056
06/01/10--01061--007 **521.25

CR2E041 (11/09)

DOCUMENT # LD7000113476

1. Limited Liability Company's Name

BANF OF FLORIDA LLC

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

25 SE 2ND AVE

Suite, Apt. #, etc.

1235

City & State

MIAMI, FL

Zip

33131

Country

USA

3. Mailing Office Address

1400 LINCOLN RD

Suite, Apt. #, etc.

504

City & State

MIAMI BEACH, FL

Zip

33139

Country

USA

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified
To Do Business in Florida

11/08/2007

6. FEI Number

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

OSCAR REY, CPA.

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

1400 LINCOLN RD

Suite, Apt. #, Etc.

504

City

MIAMI BEACH

State

FL

Zip Code

33139

☐ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 05/27/2010

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	BANF FINANCE INC	25 SE 2 ND AVE, STE 1235	MIAMI, FL 33131
	REINSTATEMENT	08-10	DB

11. E-mail Address: OSCAR @ OSCARREY.COM

(To be used for future annual report notifications)

12. 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

[Signature]

Date

05/27/2010

Daytime Phone #

305-300-8781

Typed or printed name of signing Member/Manager

MAURO C. SANTOS