

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M 06000004039**

1. Limited Liability Company's Name

BHI SUMMERWINDS, LLC

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

18851 NE 29th Ave

Suite, Apt. #, etc.

601

City & State

Aventura

Zip

33181

Country

US

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

07/20/2006

6. FEI Number

☒ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

CR2E041 (1/14)

8. Name and Address of Current Registered Agent

Name

Roberto Richards

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

18851 NE 29th Ave,

Suite, Apt. #, Etc.

601

City

Aventura

State

FL

Zip Code

500262466405
07/18/14--01022--004 **238.75

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **7/14/14**

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	ED KOPETMAN	3900 Pembroke Rd	Hollywood / FL / 33021
MGR	BHI ISLAND WINDS LLC	3900 Pembroke Rd	Hollywood / FL / 33021

11. E-mail Address: **roberto.richards@grupophoenix.com**

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of
Authorized Representative/Manager

Date **7/14/14**

Daytime Phone # **954-292-3205**

Typed or printed name of signing Authorized Representative/Manager **ED KOPETMAN**

K. ASHTON