PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JAN 29 PM 4:17

DOCUMENT # L00000004567

1. Limited Liability Company's Name

BP PINES, L.L.C.

2. Principal Office Address		3. Mailing Office Address	
1601 N. Palm Avenue		1601 N. Palm Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
#301		#301	
City & State		City & State	
Pembroke Pines, FL		Pembroke Pines, FL	
Zip	Country	Zip	Country
33026	USA	33026	USA

4. State/Country of Formation: Florida/Broward

5. Date Organized or Qualified To Do Business in Florida: 4/20/2000

6. FEI Number: 65-1022928 — Applied For ☐ Not Applicable ☐

7. CERTIFICATE OF STATUS DESIRED ☒

8. Name and Address of Current Registered Agent

Name: David F. Braun

000027892460
01/29/04--01059--008 **105.00

Street Address (P.O. Box Number is Not Acceptable): 1601 N. Palm Avenue

Suite, Apt. #, Etc.: Suite #301

City: Pembroke Pines | State: FL | Zip Code: 33026

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: 1/23/04

REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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	David F. Braun	1601 N. Palm Ave. #301	Pembroke Pines, FL 33026
MGR	Anthony D. Caserta	1601 N. Palm Ave..#301	Pembroke Pines, FL 33026
MGRM	Vinod Patel	3230 Hunter Rd.	Weston, FL 33331
		REINSTATEMENT	

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: 1/23/04 Daytime Phone #: 954-432-2900

Typed or printed name of signing Managing Member/Manager: David F. Braun

BRAUN & MAY
REALTY

Corporate Headquarters
1601 N. Palm Avenue
Suite 301
Pembroke Pines, Florida 33026
Phone: (954) 432-2900
Fax: (954) 436-9542

Division of Corporations:

Please use the enclosed Federal Express air bill to send us the Certificate of Status.

Thank you