

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 APR 18 PM 1:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L00000005350

1. Limited Liability Company's Name

Bee-Kay Properties, LLC

800005326698--9

-04/23/02--01064--003

\*\*\*\*205.00 \*\*\*\*205.00

2. Principal Office Address

696 First Ave. North

Suite, Apt. #, etc.

Suite 201

City & State

St. Petersburg, FL

Zip

33701

Country

USA

3. Mailing Office Address

8805 Briarstone Lane

Suite, Apt. #, etc.

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City & State

Waxhaw, NC

Zip

28173

Country

USA

4. State/Country of Formation

FL, USA

5. Date Organized or Qualified  
To Do Business in Florida

05/10/00

6. FEI Number

59-3644738

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

G. Barry Wilkinson, Esq.

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

same as #2 above

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*[Handwritten Signature]*

REGISTERED AGENT MUST SIGN

Date

4/17/02

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
Managing Member	Paul Steadman	8805 Briarstone Lane	Waxhaw, NC 28173

**REINSTATEMENT** *[Handwritten initials]*

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

*[Handwritten Signature]*

Date 4-16-02

Daytime Phone # 704-846-0832

Typed or printed name of signing Managing Member/Manager

Paul Steadman