

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

05 JUN 20 AM 11:01

DOCUMENT # L00000006595

1. Limited Liability Company's Name

B.B.S. ENTERPRISES LLC

2. Principal Office Address

506 EAST OBISPO AV

3. Mailing Office Address

155 NORTH ROMERO ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CLEWISTON, FL

City & State

CLEWISTON, FL

Zip

33440

Country

HENDRY

Zip

33440

Country

HENDRY

4. State/Country of Formation

Delaware

**5. Date Organized or Qualified
To Do Business in Florida**

06-18-99

6. FEI Number

65-0928676

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

SUSY BOGARDUS

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

155 North Romero St

Suite, Apt. #, Etc.

City

Clewiston

State
FL

Zip Code

33440

REINSTATEMENT 01-05

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**

Susy Bogardus

REGISTERED AGENT MUST SIGN

Date

July 25, 2005

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	SUSY BOGARDUS	155 North Romero St	Clewiston Fl 33440
MGR	ROBERT W MESTRES	645 North Olivo St	Clewiston Fl 33440
MGR	STEVE BOGARDUS	155 North Romero St	Clewiston Fl 33440

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**

Susy Bogardus

Date

July 25, 2005

Daytime Phone #

786/493-5579

Typed or printed name of signing Managing Member/Manager

SUSY BOGARDUS

CR2E041 (10/02)