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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 27 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000008200

Name and Mailing Address

0002501 01 AT 0.292 **AUTO T1 0 0615 32548-360304



BCB HOLDINGS, L.L.C.
4 LAGUNA STREET
FORT WALTON BEACH FL 32548-3603



2. New Mailing Address <i>17 SE Eglin Parkway</i>		4. State/Country of Formation FL	
City, State, Zip <i>Fort Walton Beach, FL 32548</i>		5. Date Organized or Qualified To Do Business in Florida 07/11/2000	
Principal Place of Business 4 LAGUNA STREET FORT WALTON BEACH FL 32548	3. New Principal Place of Business Address <i>17 SE Eglin Parkway</i>		6. FEI Number 59-3670607
City, State, Zip <i>Fort Walton Beach, FL</i>		Applied For Not Applicable	
8. Name and Address of Current Registered Agent HUGHES, A. ANTHONY 17 SE EGLIN PKWY FORT WALTON BEACH FL 32548		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 600024168856 10/27/03--01072--004 FL **120.00 City	
10. 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 <i>[Signature]</i> FE REQUIRED Date <i>10/22/03</i> REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	PRITCHARD, KATHLEEN	17 SE EGLIN PARKWAY	FORT WALTON BEACH FL 32548
MGRM	SCHWEIZER, TODD	17 SE EGLIN PARKWAY	FORT WALTON BEACH FL 32548
MGR	HUGHES, A. ANTHONY	17 SE EGLIN PARKWAY	FORT WALTON BEACH FL 32548
REINSTATEMENT 03 dec			

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 REQUIRED

Date *10/22/03* Daytime Phone # *850-244-9900*

Typed or printed name of signing Managing Member/Manager

CR2E034 (7/03)