PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L00000011815

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC -6 PM 12: 29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000011815

Name and Mailing Address

0009209 01 FP 0.352 **PRSRT H1 0 0615 32205-059191
BMC REAL ESTATE ACQUISITIONS AND HOLDINGS, LLC
PO BOX 380091
JACKSONVILLE FL 32205-0591

800009403898
12/06/02--01081--001 **150.00

2. New Mailing Address *Same as above*	**4.** State/Country of Formation FL
City, State, Zip	**5.** Date Organized or Qualified To Do Business in Florida 09/28/2000

| Principal Place of Business 13040 WEXFORD HOLLOW ROAD NORTH JACKSONVILE FL 32244 | **3.** New Principal Place of Business Address *Same* City, State, Zip | **6.** FEI Number 59-3677883 ~~APPLIED FOR~~ | 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	**9.** Name and Address of New Registered Agent
CHAMBERS, MARK A 13040 WEXFORD HOLLOW ROAD NORTH JACKSONVILE FL 32244	Name *Same* Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____*Mark A Chambers*_____   Date __12/5/02__

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
P	CHAMBERS, MARK A	13040 WEXFORD HOLLOW RD. N.	JACKSONVILLE FL 32244
	REINSTATEMENT 2002		
	MK		

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 _____   Date __12/5/02__   Daytime Phone # (904) 665-1460

Typed or printed name of signing Managing Member/Manager   Matthew E. Hutton

CR2E084 (8/02)