

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

OCT 31 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000014381

1. Limited Liability Company's Name

BPNT I, LLC

2. Principal Office Address

2200 SW 10th STREET

Suite, Apt. #, etc.

City & State

DEERFIELD BEACH FL

Zip

33442

Country

USA

3. Mailing Office Address

2200 SW 10th STREET

Suite, Apt. #, etc.

City & State

DEERFIELD BEACH FL

Zip

33442

Country

USA

REINSTATEMENT 2001

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified

To Do Business in Florida

11-21-2000

6. FEI Number

65-1057702

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

MICHAEL R. MOORE

100004676491-5

-11/13/01--01051--014

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

2200 SW 10th STREET

****155.00 ****155.00

Suite, Apt. #, Etc.

City

DEERFIELD BEACH

State

FL

Zip Code

33442

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

REGISTERED AGENT MUST SIGN

Date 10-18-01

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	JOHN MACATEE	2200 SW 10 th STREET	DEERFIELD BEACH, FL 33442
MGR	MICHAEL KARMELIN	"	"
MGR	MICHAEL MOORE	"	"
MGR	JEFFREY BENJAMIN	"	"
MGR	DINO MENDICINO	"	"

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 10-18-01

Daytime Phone # 954-949-7135

Typed or printed name of signing Managing Member/Manager

MICHAEL R. MOORE

CR2E041 (9/01)