

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED
Liability Co.
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -3 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000016043

1. Name of Limited Partnership

BFL Real Estate Company, LLC

2. Principal Office Address

1390 Brickell Avenue

Suite, Apt. #, etc.

Suite 200

City & State

Miami, Florida

Zip

33131

Country

US

3. Mailing Office Address

1390 Brickall Avenue

Suite, Apt. #, etc.

Suite 200

City & State

Miami, Florida

Zip

33131

Country

US

4. Date Formed or Registered
To Do Business in Florida

12/26/2000

5. FEI Number

65-1067806

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Alvaro Castillo B., P.A.

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

1390 Brickell Avenue

Suite, Apt. #, Etc.

Suite 200

City

Miami

State

FL

Zip Code

33131

9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

10. Name(s) of *Mgr or Mgrm*

Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

City, State and Zip Code

10a. Registration
Document Number

Mgr CARDINAL COLLAN S.A.

1390 Brickell Ave., #200

Miami, Florida 33131

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REINSTATEMENT

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dec

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Alvaro Castillo Assistant Secretary

DATE 10-27-03

Typed or Printed Name of General Partner Signing Form

Alvaro Castillo, Assistant Secretary

Cardinal Collan, S.A.
Telephone Number (305) 371-5540