

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUL 11 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000003133

1. Limited Liability Company's Name

BOHECA SERVICES, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # 13799 Park Blvd North		3. Mailing Office Address 13799 Park Blvd North	
Suite, Apt. #, etc. # 288		Suite, Apt. #, etc. # 288	
City & State Seminole, FL		City & State Seminole, FL	
Zip 33776	Country USA	Zip 33776	Country USA

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida February 27, 2001	
6. FEI Number 88-0487204	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent		
Name Michael Ira Meeker		
Street Address (P.O. Box Number is Not Acceptable) 13799 Park Blvd North		
Suite, Apt. #, Etc. # 288		
City Seminole	State FL	Zip Code 33776

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 *Michael Ira Meeker*
REGISTERED AGENT MUST SIGN

Date *JUNE 27, 2007*

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	Michael Ira Meeker	13799 Park Blvd North, # 288	Seminole, FL 33776

600106014456
07/13/07--01045--006 **305.00

REINSTATEMENT

04-07

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 *Michael Ira Meeker* Date *JUNE 27, 2007* Daytime Phone # *727.392.5063*

Typed or printed name of signing Managing Member/Manager **Michael Ira Meeker, MGRM**