

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN -9 PM 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000004861

1. Limited Liability Company's Name

BVK Design and Development LLC

100037760501
06/08/04--01027--002 **255.00

2. Principal Office Address

5601 N. Bay Rd

Suite, Apt. #, etc.

City & State

Miami Beach, FL

Zip

33140

Country

USA

3. Mailing Office Address

% N S Edwards, CPA, 290-174

Suite, Apt. #, etc.

815

City & State

Sunny Isles Beach, FL

Zip

33160

Country

USA

4. State/Country of Formation

FL/USA

**5. Date Organized or Qualified
To Do Business in Florida**

03/29/2001

6. FEI Number

65-1099312

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

Nadia S. Edwards, CPA

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

290 -174 Street

Suite, Apt. #, Etc.

#815

City

Sunny Isles Beach

State

FL

Zip Code

33160

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

Nadia S. Edwards

REGISTERED AGENT MUST SIGN

Date 6/02/2004

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.	Efrain Veiga	5601 No Bay Rd.	Miami Beach, FL 33140
<i>managing member</i>	Wm D. Bean	5601 No Bay Rd.	Miami Beach, FL 33140

REINSTATEMENT

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

Efrain Veiga

Date

6-2-04

Daytime Phone #

305-932-3325

Typed or printed name of signing Managing Member/Manager

EFRAIN VEIGA

CR2E041 (10/02)