

FILED

08 FEB -7 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000005138

1. Limited Liability Company's Name

BURVAN, LLC

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # 506 Ryder Cup Circle Suite, Apt. #, etc.		3. Mailing Office Address 506 Ryder Cup Circle Suite, Apt. #, etc.		4. State/Country of Formation Florida/United States	
City & State Palm Beach Gardens, Florida		City & State Palm Beach Gardens, Florida		5. Date Organized or Qualified To Do Business in Florida 04/03/2001	
Zip 33418	Country United States	Zip 33418	Country United States	6. FEI Number 651101281	Applied For 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 J. Tim Evans	
Street Address (P.O. Box Number is Not Acceptable) 506 Ryder Cup Circle	
Suite, Apt. #, Etc.	
City Palm Beach Gardens	State FL
	Zip Code 33418

☒ 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 J. Tim Evans Date January 7, 2008
REGISTERED AGENT MUST SIGN

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	J. Tim Evans	506 Ryder Cup Circle	Palm Beach Gardens, FL 33418

900114861329
01/11/08--01049--015 **471.25
900114861329
01/21/08--01038--006 **277.50
227.50

REINSTATEMENT 2004-2008

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 J. Tim Evans Date 01/7/08 Daytime Phone # (561) 627-3357
Typed or printed name of signing Managing Member/Manager J. Tim Evans

698.75