

L01000014448

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JUL 19 PM 1:45

DOCUMENT # **L01000014448**

1. Limited Liability Company's Name

BPFR REAL ESTATE VENTURES, LLC

600106615716
07/24/07--01017--026 **150.00

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #

8515 EGRET MEADOW LN
Suite, Apt. #, etc.

3. Mailing Office Address

8515 EGRET MEADOW LN
City & State

City & State

WEST PALM BEACH

Zip
33412

Country

Zip

33412

Country

4. State/Country of Formation

FLORIDA / PALM BEACH
Part Organized or Qualified
to Do Business in Florida

6. FEI Number

65-1134064

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

FRANCES FRUIT RIFKIN

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

8515 EGRET MEADOW LANE

Suite, Apt. #, Etc.

City
WEST PALM BEACH

State

FL

Zip Code

33412

☒ 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

Frances Fruit Rifkin MGRM

REGISTERED AGENT MUST SIGN

Date **4/30/07**

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	FRANCES RIFKIN	8515 EGRET MEADOW LN	WPB 33412
MGR	BRYNA RIFKIN	8515 EGRET MEADOW LN	WPB 33412
			FF \$150
			BLT
			2005-2007

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

Frances Fruit Rifkin MGRM

Date **4/30/07**

Daytime Phone # **561 630 0062**

Typed or printed name of signing Managing Member/Manager