
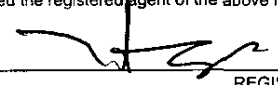


L01000017063

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		<div style="font-size: 2em; font-weight: bold; transform: rotate(-5deg); display: inline-block;">FILED</div> 04 OCT 27 PM 12:22 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # L01000017063					
1. Limited Liability Company's Name BF AT CLUB KENDALL, L.L.C. BK					
2. Principal Office Address 14160 Palmetto Frontage Rd		3. Mailing Office Address 14160 Palmetto Frontage Rd.		4. State/Country of Formation Florida	
Suite, Apt. #, etc. Suite 21		Suite, Apt. #, etc. Suite 21		5. Date Organized or Qualified To Do Business in Florida 10/4/01	
City & State Miami, FL		City & State Miami, FL		6. FEI Number 65-1144342	
Zip 33016		Country USA		Applied For Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$5.00 Additional Fee required for a Certificate of Status	

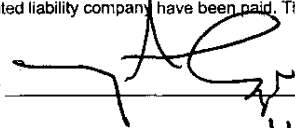
8. Name and Address of Current Registered Agent			
Name Martin Caparros, Jr.			
Street Address (P.O. Box Number is Not Acceptable) 14160 Palmetto Frontage Rd.			
Suite, Apt. #, Etc. Suite 21			
City Miami		State FL	Zip Code 33016

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 	Date 10/26/04
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
MGR	Martin Caparros, Jr.	14160 Palmetto Frontage Rd. suite 21	Miami Lakes, FL 33016

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 10/29/04--01091--004 **150.00

REINSTATEMENT 2004
 BK

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 	Date 10/26/04	Daytime Phone# 305 827-5665	
Typed or printed name of signing Managing Member/Manager Martin Caparros Jr.			

CR2ED41 (10/02)