L01000018376

LIMITED	LIABILITY				
COMPANY					
REINST	ATEMENT				

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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. DOCUMENT # L'01000018376					SECRETARY OF STATE TALLAHASSEE. FLORIDA							
1. Limited Liability Company's Name:				MLLAHASSEE, FITATE								
Billy	Dee Inves	stments L	LC		_   /				. د ر	טאום,	4	
1		•			02 7							
2. Principal Office Address 3. Mailing Office Address					4. State/Country of	of Formati	on					
17550	Haynie Lan	e <u> </u>	17550	0 Haynie L	ane		Florida					<del>-</del>
Suite, Apt, #, etc. Suite, Apt			, Apt, #, et	c		5. Date Organized To Do Business in		ed 10/23/	/2001			
City &	State	1	City &	City & State			6. FEI Number			Applied For		
Jupiter,	, FL		Jupite	er, FL	_ <del></del>		65-1147764				Not App	licable
Zip	i	County	Zip		County	1	7.		r	\$5.00	Additional a Certificate	Fee required
33478			3347				CERTIFICATE OF STA	ATUS DESIR	ED [_]	1,,,		Of Status
		3		8. Name a	and Address of C	Current Re	gistered Agent					
	Name Corporate	e Creations	Network Inc.									
ı	<u>-</u>		Box Number is	NOT Accep	otable)						. !	ĺ
	11380 Pr	osperity Fa	arms Road #221	E				000: <del>8/84</del> 6		55	061	5 .50
	Suite, Ap	ot. #, etc.	•				0.17.00	D/ <b>U4</b> ~~I_	11040	(,)(,)(	ゴー 帯巻 [ こ	0.00
	City	7						State	Zip (	Code		
	Palm Bea	ich Gardens	<u> </u>		<u></u> ,	<del></del> ,		FL	3341	10	<u></u>	
9. I beir	ng appointed t	he registered	agent of the above	e named limi	ted liability comp	any, am fan	niliar with and accept th	e obligation	s of Chap	pter 60	8, F.S.	
Signature of . VP CCN1					CNI		_	6	1/2	8/04		
Registe	ered Agent_		RE	GISTERED	AGENT MUST S	IGN		Date		1		<del>***</del>
10. Na	ames and St	reet Addres	ses of Managing	g Members	/Managers							
Ti	itles	Managing	Name of Members/Manag	ers		treet Addre	ss of Each ber/Manager		City	/ State	e / Zip	
MANA	MANAGER William Friedopfer			17550 Haynie Lane			Jupiter FL 33478					
MANA	GER	Do	ris Friedopfer			17550 Hay	nie Lane	J	upiter FI	L 334	78	
			·.	N. 14 (1777) (F. 17		- A	43-7-134h	· ·				
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11. I c	certify that I	am managin	g member/manage	er or the rece	eiver or trustee en	npowered to	execute this application	on as provid	ded for in	n chap me sati	ter 608, F.S	S. I further
of	f section 608.	406, F.S., a	and that all fees or shall have the sam	wed by the l	limited liability co	ompany hav	e been paid. The infor	mation indi	cated on	this a	pplication	is true and
Signatur			- unii nave ure sain		ALCIA		لماهدا			1/2	دور (س	L - Oin 8 to
	ng Member/N	Лападе <u> </u>	<u></u>		Date	· le	06 107	Daytim	e Phone #	4 (3)		2-0686
Type or	print name o	f signing Ma	naging Member/M	lanager								

## LOLOUDO 183,76 TAILARIASSE OF STATE

Florida Department of State Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

## Re: Billy Dee Investments LLC

Enclosed are the following:

- 1. Uniform Business Report for the company referenced above.
- 2. \$150 check payable to Florida Department of State

We never received the Uniform Business Report for the following year(s) that should have been mailed to us:

2002, 2003, 2004	
Please waive the late filing fee and treat the company as never being administratively dissolved. Thank you.	
By:  K. Sarria as attorney in fact for:	
Name: FRIEDOPFER, WILLIAM Title: MANAGER	
Date: 4 28 64	