

# L010000018377

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**

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

**FILED**

04 JUN 29 PM 3:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # Sample

1. Limited Liability Company's Name:  
Billy Dee Capital LLC

2. Principal Office Address  
17550 Haynie Lane  
Suite, Apt, #, etc.

3. Mailing Office Address  
17550 Haynie Lane  
Suite, Apt, #, etc.

4. State/Country of Formation  
Florida

5. Date Organized or Qualified  
To Do Business in Florida 10/23/2001

City & State  
Jupiter, FL

City & State  
Jupiter, FL

6. FEI Number  
65-1147293

Applied For  
Not Applicable

Zip County  
33478

Zip County  
33478

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name  
Corporate Creations Network Inc.

Street Address (P.O. Box Number is NOT Acceptable)  
11380 Prosperity Farms Road #221E

Suite, Apt. #, etc.

City  
Palm Beach Gardens

State Zip Code  
FL 33410

300038755123  
07/06/04--01040--009 \*\*150.00

BK

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

REGISTERED AGENT MUST SIGN

Date 6/28/04

**10. Names and Street Addresses of Managing Members/Managers**

| Titles  | Name of<br>Managing Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip |
|---------|--------------------------------------|---|--------------------|
| MANAGER | William Friedopfer                   | 17550 Haynie Lane                                 | Jupiter FL 33478   |
| MANAGER | Doris Friedopfer                     | 17550 Haynie Lane                                 | Jupiter FL 33478   |

**REINSTATEMENT 2002 - 2004**

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

W. K. SARRIA  
as attorney in fact  
William Friedopfer

Date 6/28/04

Daytime Phone # (805) 672-0680

Type or print name of signing Managing Member/Manager

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

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Re: Billy Dee Capital 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: \_\_\_\_\_

by K. Sarria as attorney-in-fact

Name: \_\_\_\_\_

FRIEDOPFER, WILLIAM

Title: \_\_\_\_\_

MANAGER

Date: \_\_\_\_\_

6/28/04

BR