

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

<b>DOCUMENT # L01000019011</b> 1. Entity Name <b>BCL INVESTMENTS, L.L.C.</b>				 <div style="font-size: 2em; font-weight: bold; text-align: center;">FILED</div> <div style="font-weight: bold; text-align: center;">09 JAN -7 AM 9:43</div>	
Principal Place of Business <b>919 WAVERLY ROAD TALLAHASSEE, FL 32312</b>		Mailing Address <b>919 WAVERLY ROAD TALLAHASSEE, FL 32312</b>		<b>SECRETARY OF STATE TALLAHASSEE, FLORIDA</b>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		 01072009 REIN-LLC CR2E101 (1/07)	
4. FEI Number <b>59-3753617</b>		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> <b>LEWIS, BEECHER C 919 WAVERLY ROAD TALLAHASSEE, FL 32312</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$277.50</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>LEWIS, BEECHER C 919 WAVERLY ROAD TALLAHASSEE, FL 32312</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="font-size: 1.2em; font-weight: bold;">500139858955</div> <div style="font-weight: bold;">01/07/09--01018--002 *\$555.00</div> <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div>	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

REINSTATEMENT

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Jun 07, 2009

Date Daytime Phone #