

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
L01000020767

AND
FILED

02 NOV 14 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000020767
Name and Mailing Address

0007448 01 FP 0.352 **PRSR T3 0 0615 32583-174250
B&BW PROPERTIES, LLC
5750 HIGHWAY 90
MILTON FL 32583-1742

REINSTATEMENT 2002



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 5750 HIGHWAY 90 MILTON FL 32583		5. Date Organized or Qualified To Do Business in Florida 12/03/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
8. Name and Address of Current Registered Agent B&BW PROPERTIES, LLC 7785 BAYMEADOWS WAY SUITE 107 JACKSONVILLE FL 32256		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 800009006808 11/14/02--01077--003 **150.00 City FL Zip Code			

10. 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 J. Brett Watson Date 11-11-02
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	J. Brett Watson	5750 HIGHWAY 90	MILTON FL 32583
Asst Mgr	Alton Bruce Watson	5750 Hwy 90	Milton FL 32583

12. 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 J. Brett Watson Date 11-11-02 Daytime Phone # 850-623-2951
Typed or printed name of signing Managing Member/Manager J. Brett Watson