

PLEASE READ ALL INSTRUCTIONS BEFORE FILING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



Secretary of State
DIVISION OF CORPORATIONS

FILED

2003 OCT 23 PM 1:02

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000022822

Name and Mailing Address

0010158 01 AT 0.292 **AUTO T7 2 0615 33765-443575



B&V CITRUS, LLC
2560 GULF TO BAY BLVD.
SUITE 300
CLEARWATER FL 33765-4435



2. New Mailing Address

City, State, Zip

Principal Place of Business
2560 GULF TO BAY BLVD.
SUITE 300
CLEARWATER FL 33765

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida 12/31/2001

6. FEI Number
020551276

Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

VOGELBACHER, PIERRE M
2560 GULF TO BAY BLVD.
SUITE 300
CLEARWATER FL 33765

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

400024028614
10/23/03--01010--012 **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

Pierre M. Vogelbacher
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date Oct 17, 2003

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
MGRM	BRYANT, THOMAS J	3533 HARKEN CIRCLE	TAMPA FL 33807
MGRM	VOGELBACHER, PIERRE M	2560 GULF TO BAY BLVD., SUITE 300	CLEARWATER FL 33765

REINSTATEMENT

2003

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

Pierre M. Vogelbacher
SIGNATURE REQUIRED

Date Oct 17, 03 Daytime Phone # 728-799-4840

Typed or printed name of signing Managing Member/Manager

Pierre M. Vogelbacher

CR2E094 (7/03)