

L02000005575

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 10 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000005575

1. Limited Liability Company's Name

BFF Realty, LLC

000024281019
10/30/03--01015--016 **155.00

2. Principal Office Address
2830 West 1st Street

Suite, Apt. #, etc.

City & State

Jacksonville

Zip

FL

Country

USA

3. Mailing Office Address

2830 West 1st Street

Suite, Apt. #, etc.

City & State

Jacksonville

Zip

FL

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

3/05/2002

6. FEI Number

45-0507753

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

Name

Seyed M. Moghani

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

2830 West 1st Street

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32254

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

Date **10/8/03**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Seyed M. Moghani	2830 W. 1st Street	Jacksonville, FL 32254

REINSTATEMENT

03 Oct
dec

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

Date **10/8/03**

Daytime Phone # **305-799-2545**

Typed or printed name of signing Managing Member/Manager

Seyed M. Moghani

CR2E041 (10/02)