

# 2012 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000007050

Entity Name: OPA-LOCKA BMI, LLC

FILED  
Jan 06, 2012  
Secretary of State

**Current Principal Place of Business:**

C/O OPA-LOCKA COMMUNITY DEVELOPMENT  
490 OPA-LOCKA BLVD., SUITE 20  
OPA-LOCKA, FL 33054

**New Principal Place of Business:**

**Current Mailing Address:**

C/O OPA-LOCKA COMMUNITY DEVELOPMENT  
490 OPA-LOCKA BLVD., SUITE 20  
OPA-LOCKA, FL 33054

**New Mailing Address:**

FEI Number: 20-0623560

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

WILLIAMS-BALDWIN, STEPHANIE  
490 OPA-LOCKA BLVD STE 20  
OPA LOCKA, FL 33054 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: STEPHANIE WILLIAMS-BALDWIN

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LOGAN, WILLIE  
Address: 490 OPA-LOCKA BLVD STE 20  
City-St-Zip: OPA LOCKA, FL 33054

Title: MGR  
Name: WILLIAMS-BALDWIN, STEPHANIE  
Address: 490 OPA-LOCKA BLVD STE 20  
City-St-Zip: OPA LOCKA, FL 33054

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: STEPHANIE WILLIAMS-BALDWIN

VP

01/06/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date