

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2003 NOV 19 PM 4:07

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L02000009062

1. Limited Liability Company's Name

BPF INVESTMENTS, L.L.C.

300024843993
11/19/03--01006--025 **150.00

2. Principal Office Address

2717 Ponce de Leon Blvd.

3. Mailing Office Address

2717 Ponce de Leon Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Gables, Florida

City & State

Coral Gables, Florida

Zip

33134

Country

U.S.A.

Zip

33134

Country

U.S.A.

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number 43-1959275

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

Edwin Acosta Rubio

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

2717 Ponce de Leon Blvd.

Suite, Apt. #, Etc.

City

Coral Gables

State

FL

Zip Code

33134

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

REGISTERED AGENT MUST SIGN

Date 11-11-03

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	MARIA VISITACION BURGOS	2717 Ponce de Leon Blvd.	Coral Gables, Florida 33134
MGRM	MARINA PASCUAL DE BURGOS	2717 Ponce de Leon Blvd.	Coral Gables, Florida 33134
MGRM	ISIDRO BURGOS MARTINEZ	2717 Ponce de Leon Blvd.	Coral Gables, Florida 33134

REINSTATEMENT 2003

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 11/11/03

Daytime Phone # 305-567-9950

Typed or printed name of signing Managing Member/Manager

Maria V. Burgos

CR2E041 (10/02)