

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 NOV 22 AM 8:22

**DOCUMENT #** L02000012146

**1. Limited Liability Company's Name**

B & B INVESTMENTS GROUP, LLC

**2. Principal Office Address**

1018 Nancy Gamble Lane

Suite, Apt. #, etc.

City & State

Ellenton, FL

Zip

34222

Country

USA

**3. Mailing Office Address**

1018 Nancy Gamble Lane

Suite, Apt. #, etc.

City & State

Ellenton, FL

Zip

34222

Country

USA

**4. State/Country of Formation**  
Florida

**5. Date Organized or Qualified  
To Do Business In Florida**

05/17/2002

**6. FEI Number**

01-0687963

Applied For

Not Applicable

**7. CERTIFICATE OF STATUS DESIRED** ☐

\$5.00 Additional Fee required  
for a Certificate of Status

000062131930  
12/13/05--01071--001 \*\*200.00  
CR2E041 (8/05)

**8. Name and Address of Current Registered Agent**

Name

JAIME A. BARON

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

1018 NANCY GAMBLE LANE

Suite, Apt. #, Etc.

City

ELLENTON

State

FL

Zip Code

34222

**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

JAIME A. BARON

REGISTERED AGENT MUST SIGN

Date 11/22/05

**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
MGR	JAIME A. BARON	1018 Nancy Gamble Lane	Ellenton, FL 34222
MGR	HAYDEE BARON-RAMIREZ	1018 Nancy Gamble Lane	Ellenton, FL 34222

**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

Jaime A. Baron, Its Manager

Typed or printed name of signing Managing Member/Manager

Date 11/22/05

Daytime Phone #