

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # L02000015312

1. Limited Liability Company's Name

B+G INVESTMENTS, LLC

200049891492
04/05/05--01028--001 **250.00

2. Principal Office Address

3528 Kilgallen Court

Suite, Apt. #, etc.

3. Mailing Office Address

3528 Kilgallen Court

Suite, Apt. #, etc.

City & State

ORMOND BEACH, FL

City & State

ORMOND BEACH, FL

Zip

32174

Country

FLORIDA

Zip

32174

Country

FLORIDA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

6/21/2002

6. FEI Number

41-2046903

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

BARBARA MORIARTY

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

3528 Kilgallen Court

Suite, Apt. #, Etc.

City

ORMOND BEACH

State
FL

Zip Code

32174

REINSTATEMENT 03-05

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

Barbara Moriarty

REGISTERED AGENT MUST SIGN

Date 3/24/05

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
MGRM	<u>GENE J. MORIARTY</u>	<u>3528 Kilgallen Court</u>	<u>ORMOND BEACH, FL 32174</u>

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

Gene J. Moriarty

Date 3/24/05

Daytime Phone # 386-676-9163

Typed or printed name of signing Managing Member/Manager

GENE J. MORIARTY

CR2E041 (10/02)