

LU2000019277

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAY -2 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK

CR2E041 (1/07)

DOCUMENT #

1. Limited Liability Company's Name

B & JCM PROPERTIES, L.L.C.

05

2. Principal Office Address - No P.O. Box #

3805 NW 107 Ave,

Suite, Apt. #, etc.

#123

City & State

Miami, FL 33178

Zip

33178

Country

USA

3. Mailing Office Address

PO Box 560683

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33256

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

July 2002

6. FEI Number

36-4522098

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

G. Frank Quesada, Esq.

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

1313 Ponce de Leon Blvd.

Suite, Apt. #, Etc.

Suite 200

City

Coral Gables

State

FL

Zip Code

33134

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

9. I, being appointed the registered agent of this above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

[Signature]

Date

4/28/07

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	Bentel Corporation	PO Box 560683	Miami, FL 33256
MGRM	Vifere Corporation	PO Box 560683	Miami, FL 33256

200102525092
05/15/07--01038--002 **255.00

REINSTATEMENT 2005-2007

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

[Signature]

Date

4/28/07

Daytime Phone #

(305) 562-7080

Typed or printed name of signing Managing Member/Manager

Benito Irastorza