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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC -8 AM 11:41

1. DOCUMENT # L02000020996

Name and Mailing Address

0014397 01 AT 0.292 **AUTO T2 0 0615 34104-880801



BCORP INVESTMENTS, LLC
4001 SANTA BARBARA BLVD. #248
NAPLES FL 34104-8808

200025778212
12/26/02 01005-011 **150 00



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 08/16/2002	
Principal Place of Business 4001 SANTA BARBARA BLVD. #248 NAPLES FL 34104	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 56-2390383	Applied For Not Applicable
8. Name and Address of Current Registered Agent BARCENAS, A J 4001 SANTA BARBARA BLVD. #248 NAPLES FL 34104		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
10. 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 <u>A.J. Barcen</u> SIGNATURE REQUIRED Date <u>12/4/02</u> REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
P	A.J. BARCENAS	4001 SANTA BARBARA BLVD. #248	NAPLES, FL 34104

12. 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 REQUIRED Date 12/4/02 Daytime Phone # 239-290-6326

Typed or printed name of signing Managing Member/Manager

CR2E084 (7/03)