

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 NOV 10 AM 10:52

1. DOCUMENT # L02000021196

Name and Mailing Address

0003572 01 AT 0,292 \*\*AUTO T5 0 0615 32806-545525



BP PROPERTIES OF AMERICA, LLC  
2875 S. ORANGE AVE. #500  
ORLANDO FL 32806-5455

500024530205  
11/10/03--01009--016 \*\*150.00



2. New Mailing Address

2875-500 S. orange Ave #1600.

City, State, Zip

Orlando, FL 32806

Principal Place of Business

2600 S. BROWN AVE.  
ORLANDO FL 32801

3. New Principal Place of Business Address

2600 S. Brown Ave

City, State, Zip

Orlando FL 32806

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

08/14/2002

6. FEI Number

32-0026844

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

DAILER, BRYAN S  
2600 S. BROWN AVE.  
ORLANDO FL 32801

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

*[Signature]*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 10/25/2003

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
Director Managing	PAULA DAILER	2875-500 S orange 1600 Orlando FL	Orlando / FL / 32806
President	Bryan Dailer	"	"

REINSTATEMENT 03  
JCC

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]*  
**SIGNATURE REQUIRED**

Date 10/25/03 Daytime Phone # 321-231-4952

Typed or printed name of signing Managing Member/Manager