

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

AND  
FILED

04 MAY -3 PM 4:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L02000023607

1. Limited Liability Company's Name

BCL ENTERPRISES LLC

2. Principal Office Address

8500 S.W. 8TH STREET

Suite, Apt. #, etc.

STE. 240

City & State

MIAMI FLORIDA

Zip

33144

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FLORIDA/ USA

5. Date Organized or Qualified  
To Do Business in Florida

09/11/02

6. FEI Number

82-0565305

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

ELISEO L POLLEDO

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

8500 S.W. 8TH STREET

600036196286

05/12/04--01038--002 \*\*55.00

Suite, Apt. #, Etc.

STE 240

City

MIAMI

State

FL

Zip Code

33144

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

Date 4/28/04

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

| Titles | Name of<br>Managing Members/ Managers | Street Address of Each<br>Managing Member/ Manager | City / State / Zip  |
|--------|---------------------------------------|--|---------------------|
| P      | ELISEO L POLLEDO                      | 8500 S.W. 8TH STREET #240                          | MIAMI FL 33144      |
|        |                                       |  |                     |
|        |                                       |  | S0313904712 \$50.00 |
|        |                                       |  | 05/02/03 90577034   |
|        |                                       |  |                     |
|        |                                       |  |                     |
|        |                                       |  |                     |

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

Date 4/28/04

Daytime Phone # 305-267-3778

Typed or printed name of signing Managing Member/Manager ELISEO L POLLEDO

202

**BCL ENTERPRISES LLC**  
**8500 S.W. 8<sup>TH</sup> STREET**  
**SUITE 240**  
**MIAMI FL 33144**

April 27<sup>th</sup> 2004

FLORIDA DEPARTMENT OF STATE  
SECRETARY OF STATE  
DIVISION OF CORPORATION

RE/ Document # L02000023607

Enclosed please find a reinstatement form as indicated by one of the representative in your department with a check for \$55.00. The reason why the company needs to be reinstated is because according to your record a letter was sent out for missing information, unfortunately I never received that letter and had no idea of what was going on and since the check # 1010 in the amount of \$50 clear in my bank I assumed everything was ok.

If you need further assistance please contact our office at 305-267-3778.

Thank you,

  
Eliseo L. Polledo

Enclosure: copy cancelled check