

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **FILED**

2004 NOV 18 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02 000026624

1. Limited Liability Company's Name

BK Generalli, LLC

2. Principal Office Address

601 Brickell Key Dr.

Suite, Apt. #, etc.

#703

City & State

Miami, FL

Zip

33131

Country

U.S.A

3. Mailing Office Address

601 Brickell Key Dr.

Suite, Apt. #, etc.

#703

City & State

Miami, FL

Zip

33131

Country

U.S.A

4. State/Country of Formation

Florida U.S.A

5. Date Organized or Qualified
To Do Business in Florida

10/09/2008

6. FEI Number

06-1651488

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

Orlando Birbragher

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

601 Brickell Key Dr.

Suite, Apt. #, Etc.

#703

City

Miami

State

FL

Zip Code

33131

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

X

REGISTERED AGENT MUST SIGN

Date

11/16/04

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
PD	Orlando Birbragher	<u>601 Brickell Key Dr.</u> #703	<u>Miami, FL 33131</u>
TD	Marshall Kanner	<u>601 Brickell Key Dr.</u> #703	<u>Miami, FL 33131</u>

REINSTATEMENT 03-04

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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

11/16/04

Daytime Phone #

(305) 416-3094

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Typed or printed name of signing Managing Member/Manager

Orlando Birbragher

CR2E041 (10/02)