

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 DEC 28 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # LD3000008506

1. Limited Liability Company's Name

BGR GROUP LLC, LLC

400113474794
12/28/07--01006--025 **230.00

CR2E041 (1/07)

2. Principal Office Address, No P.O. Box # 267 AUTUMN RIDGE RD		3. Mailing Office Address 267 AUTUMN RIDGE RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ENTERPRISE FL 32725		City & State ENTERPRISE FL 32725	
Zip 32725	Country USA	Zip 32725	Country USA

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 03/10/2003	
6. FEI Number 594208877	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name BILLY GRAHAM	
Street Address (P.O. Box Number is Not Acceptable) 267 AUTUMN RIDGE RD	
Suite, Apt. #, Etc.	
City ENTERPRISE	State Zip Code FL 32725

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 the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent Billy Graham REGISTERED AGENT MUST SIGN Date 12/27/07

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	BILLY GRAHAM	267 AUTUMN RIDGE RD	ENTERPRISE FL 32725
REINSTATEMENT <u>2006-2007</u>			

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 Billy Graham Date 12/27/07 Daytime Phone # 321-262-1090

Typed or printed name of signing Managing Member/Manager