

L03000013804

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAY 23 AM 10:15

BK

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

BKE Properties Florida, LLC

S04217900752 07/30/04 90133 049

\$50.00
CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #

405 Park Avenue

3. Mailing Office Address

405 Park Avenue

Suite, Apt. #, etc.

501

Suite, Apt. #, etc.

501

City & State

New York, NY

City & State

New York, NY

Zip

10022

Country

USA

Zip

10022

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

April 17, 2003

6. FEI Number

05-0537426

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

NRAI Services Inc.

BK

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

2731 Executive Park Dr., Ste 4

Suite, Apt. #, Etc.

Weston

State
FL

Zip Code
33331

☐ 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

[Signature]

Date **5-23-07**

REGISTERED AGENT MUST SIGN

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
Mr.	Thomas Haggerty, MGRM	286 Harbor Drive	Lido Beach, NY 11561
REINSTATEMENT 2004-2007			
700102603487 05/31/07--01019--002 **255.00			

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 **5/10/07**

Daytime Phone # **(212)758-1410**

Typed or printed name of signing Managing Member/Manager

Thomas Haggerty