

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRET  
DIVISION OF CORPORATIONS  
STATE

06 FEB -8 AM 10:55

**DOCUMENT #** L03000019702

**1. Limited Liability Company's Name**

BRISTOW ENTERPRISES, LLC

900066204149  
02/20/06--01049--006 \*\*205.00

CR2E041 (8/05)

**2. Principal Office Address**

515 N. FLAGLER DR

Suite, Apt. #, etc.

SUITE 204

**City & State**

WEST PALM BEACH, FL

**Zip**

33401

**Country**

USA

**3. Mailing Office Address**

227 GREGORY PLACE

Suite, Apt. #, etc.

**City & State**

WEST PALM BEACH, FL

**Zip**

33405

**Country**

USA

**4. State/Country of Formation**

FLORIDA/UNITED STATES

**5. Date Organized or Qualified  
To Do Business in Florida**

MAY 22, 2003

**6. FEI Number**

65-1201090

**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**

MICHAEL BRISTOW

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

227 GREGORY PLACE

**Suite, Apt. #, Etc.**

**City**

WEST PALM BEACH

**State**  
FL

**Zip Code**

33405

**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**

**REGISTERED AGENT MUST SIGN**

**Date**

**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
MGR	MICHAEL BRISTOW	227 GREGORY PLACE	WEST PALM BEACH, FL 33405

REINSTATEMENT 04-06

**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**

2/03/05

**Daytime Phone #**

561-252-3882

**Typed or printed name of signing Managing Member/Manager**