

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 DEC 17 AM 9:47

DOCUMENT # L03 — 39182

1. Limited Liability Company's Name

BCC Investments USA, LLC

400136142154
09/19/08--01020--004 **377.50

CR2E041 (12/07)

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

1915 Harrison Street

Suite, Apt. #, etc.

3. Mailing Office Address

1915 Harrison Street

Suite, Apt. #, etc.

City & State

Hollywood, Florida

Zip

33020

Country

U.S.A.

City & State

Hollywood, FL

Zip

33020

Country

U.S.A.

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

10/14/03

6. FEI Number

20-1059052

- 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

Daniel J. Serber, Esq.

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

2875 NE 191 St.

Suite, Apt. #, Etc.

301

City

Aventura

State

FL

Zip Code

33180

☐ 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

REGISTERED AGENT MUST SIGN

Date 10/14/08

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
MEM	Daniel Bercovich	1915 Harrison Street	Hollywood FL 33020

REINSTATEMENT

07-08

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 9/16/08

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

name not used.
RA sign.