

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 OCT -5 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # LC4000006760

1. Limited Liability Company's Name

BS Enterprise, LLC

CR2E041 (1/11)

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

8608 Wallcraft Ave

Suite, Apt. #, etc.

N/A

City & State

Youngstown FL

Zip

32466

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

N/A

City & State

N/A

Zip

N/A

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

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

William J Scheller

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

8608 Wallcraft Ave

Suite, Apt. #, Etc.

N/A

City

Youngstown

State

FL

Zip Code

32466

E-mail Address:

bjenterpris95@yahoo.com

(To be used for future annual report notices)

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

William J Scheller

Date 10/5/11

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
<u>MEM</u>	<u>William J Scheller</u>	<u>8608 Wallcraft Ave</u>	<u>Youngstown FL 32466</u>
			<u>700212959627</u>
			<u>10/05/11-01013-010-00407-50</u>

REINSTATEMENT-2010 + 2011

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Signature of Managing

Member/Manager

William J Scheller

Date 10/5/11

Daytime Phone # 850-7850184

Typed or printed name of signing Managing Member/Manager