

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 AUG -4 PM 30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L04000023076**

1. Limited Liability Company's Name

BK Properties, LLC

CR2E041 (05/10)

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

4720 Rockcliff Rd.

Suite, Apt. #, etc.

#3

City & State

Austin, TX

Zip

78746

Country

USA

3. Mailing Office Address

444 Madison Ave

Suite, Apt. #, etc.

28th floor

City & State

NY, NY 100

Zip

10022

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

3/25/04

6. FEI Number

200996284

☐ 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

Lana Larson Dean

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

505 Maitland Avenue, Suite 1000

Suite, Apt. #, Etc.

Altamonte Springs,

City

State

FL

Zip Code

32701

200184011642
08/04/10--01031--005 **793.75

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 of Lana Larson Dean]

REGISTERED AGENT MUST SIGN

Date **7/29/10**

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	Lee F Kennedy	4720 Rockcliff Rd	3 Austin TX 78746

REINSTATEMENT **06-10 RB**

11. E-mail Address: **Lee.F.Kennedy@AOL.com**

(To be used for future annual report notifications)

12. 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 of Lee F. Kennedy]

Date **7.12.10**

Daytime Phone # **850 4992587**

Typed or printed name of signing Managing Member/Manager

Lee F. Kennedy