

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 FEB 15 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 604000028358

1. Limited Liability Company's Name

BM INVESTMENT COMPANY LLC

100168438551
02/10/10--01031--025 **\$80.00
CR2E041 (11/09)

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

2119 N. 36 Ave

Suite, Apt. #, etc.

3. Mailing Office Address

4039 E HOUSTON

Suite, Apt. #, etc.

City & State

HOLLYWOOD FL

Zip

33021

Country

USA

City & State

SAN ANTONIO TX

Zip

78220

Country

USA

4. State/Country of Formation

BROWARD

5. Date Organized or Qualified
To Do Business in Florida

4/13/2004

6. FEI Number

20-1020248

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

BINU GEORGE

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

2119 N 36TH AVE

Suite, Apt. #, Etc.

City

HOLLYWOOD

State

FL

Zip Code

33021

☐ 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

X [Signature]

REGISTERED AGENT MUST SIGN

Date 02-07-10

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	BINU GEORGE	4039 E HOUSTON	SAN ANTONIO, TX 78220
MEM	MICHAEL ABRAHAM	30 LIBERTY PL	CHURCHVILLE, PA 18466

REINSTATEMENT

2008-10

5/16/25

Over Paid
163.75

S. HAWKES

FEB 16 2010

EXAMINER

11. E-mail Address: binu_george@bellsouth.net

(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]

Date 02-07-10

Daytime Phone # 954 558 6952

Typed or printed name of signing Managing Member/Manager