

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

06 OCT 27 PM 4:22

DOCUMENT # L04000036277

1. Limited Liability Company's Name

BBA, LLC

CR2E041 (8/05)

2. Principal Office Address

4525 Annette Ct.
Merritt Island FL 32953

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Merritt Island

City & State

Zip

32953

Country

Brevard

Zip

Country

4. State/Country of Formation

Florida, USA

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

10/1/99

6. FEI Number

20117189

☐ 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

Biagio S Bonventre

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

4525 Annette Ct.

Suite, Apt. #, Etc.

City

Merritt Island

State

FL

Zip Code

32953

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**

Biagio S Bonventre

REGISTERED AGENT MUST SIGN

Date 10.23.06

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	Antonella Bonventre	4525 Annette Ct.	Merritt Island, FL 32953

200081622972
11/08/06--01023--008 **200.00

REINSTATEMENT 2005-06

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**

Antonella Bonventre

Date 10.23.06

Daytime Phone # 3214522419

Typed or printed name of signing Managing Member/Manager