


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

20 OCT -4 PM 3:03

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CR2E041 (1/11)

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # L04000039803

1. Limited Liability Company's Name

Renaissance BG, LLC

2. Principal Office Address - No P.O. Box # 1136 Shipwatch Circle		3. Mailing Office Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tampa, Florida		City & State	
Zip 33602	Country USA	Zip	Country

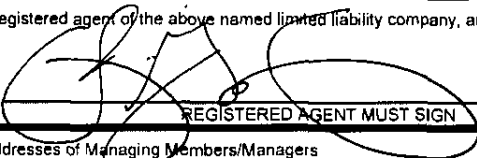
4. State/Country of Formation Florida USA	
5. Date Organized or Qualified To Do Business in Florida May 25, 2004	
6. FEI Number 270093588	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name Trizia G. Eavenson, Esquire - MooreEavenson, PLC			
Street Address (P.O. Box Number is Not Acceptable) 835 Barton Boulevard			
Suite, Apt. #, Etc. Suite B			
City Rockledge	State FL	Zip Code 32955	

E-mail Address: mgeorgiev1@gmail.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



Date _____

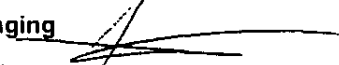
10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Mihail G. Georgiev	1136 Shipwatch Circle	Tampa, FL 33602

800212912598
10/05/11--01001--013 **377.50
REINSTATEMENT 11/27

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



Date **8.12.11** Daytime Phone # **813-300-0387**

Typed or printed name of signing Managing Member/Manager