FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
09 DEC 14 PM 3:46

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT

2nd e-09 JSH

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11/20/09--01037--011 **277.50

CR2E041 (1/00)

DOCUMENT #

1. Limited Liability Company's Name

F.B.B. Fove LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
5709 N Ocean Blvd	
State, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ocean Ridge FL	City & State: Same
Zip: 33435 Country: PB	Zip: Country:

4. State/Country of Formation: FL / USA

5. Date Organized or Qualified To Do Business in Florida: 5/27/04

6. FEI Number: Applied For / Not Applicable (X)

7. CERTIFICATE OF STATUS DESIRED (X) — $5.00 Additional Fee required for Certificate of Status

8. Name and Address of Current Registered Agent

Name: Kirk Grantham

Street Address (P.O. Box Number is Not Acceptable): 1860 Forest Hill Blvd

Suite, Apt. #, etc.: 105

City: WPB State: FL Zip Code: 33406

(X) 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: [signature] Date: 11/17/09

REGISTERED AGENT MUST SIGN

10. Name and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/ Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Fred Bernheim	5709 N Ocean Blvd	Ocean Ridge FL 33435

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11. E-mail Address: _____ (To be used for future annual report notifications)

12. I certify that I am managing member/manager of the trustee 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: 11/16 Daytime Phone # 215 327 4858

Typed or printed name of signing Managing Member/Manager: Fred Bernheim