


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>
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**FILED**  
**07 FEB -5 AM 11:42**  
**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**  
**REINSTATEMENT**

05-0746 CR2E041 (1/07)

<b>4. State/Country of Formation</b> <b>FLORIDA</b>	
<b>5. Date Organized or Qualified To Do Business in Florida</b> 05/28/2004	
<b>6. FEI Number</b> 20-8356079	<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

**DOCUMENT # L04000040786**  
**1. Limited Liability Company's Name**  
**BP CAPITAL HOLDINGS, LLC**

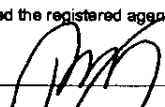
<b>2. Principal Office Address - No P.O. Box #</b> 5858 NW 125 TERRACE		<b>3. Mailing Office Address</b> SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b> CORAL SPRINGS		<b>City &amp; State</b>	
<b>Zip</b> 33076	<b>Country</b>	<b>Zip</b>	<b>Country</b>

**8. Name and Address of Current Registered Agent**

<b>Name</b> BAYARRI, DEREK		
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 5858 NW 125 TERRACE		
Suite, Apt. #, Etc.		
<b>City</b> CORAL SPRINGS	<b>State</b> FL	<b>Zip Code</b> 33076

☒ 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.

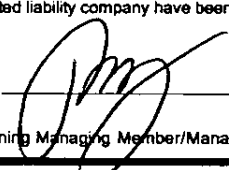
**9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.**

Signature of Registered Agent  **REGISTERED AGENT MUST SIGN** Date \_\_\_\_\_

**10. Names and Street Addresses of Managing Members/Managers**

<b>Titles</b>	<b>Name of Managing Members/Managers</b>	<b>Street Address of Each Managing Member/Manager</b>	<b>City / State / Zip</b>
MGRM	BAYARRI, DEREK	5858 NW 125 TERRACE	CORAL SPRINGS, FL 33076

**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  Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

Typed or printed name of signing Managing Member/Manager \_\_\_\_\_

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