

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 MAR 19 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000043402

1. Limited Liability Company's Name

BPR Investments, LLC

CR2E041 (1/07)

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

2799 NW Boca Raton Blvd

Suite, Apt. #, etc.

205

City & State

Boca Raton, FL

Zip

33431

Country

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

FL

Zip

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

6/09/2004

6. FEI Number

☒ 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

Mark D Spillane

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

2799 NW Boca Raton Blvd

Suite, Apt. #, Etc.

205

City

Boca Raton

State

FL

Zip Code

33431

☐ 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

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Mark D Spillane	2799 NW Boca Raton Blvd #205	Boca Raton, FL 33431
MGRM	Dino Romano	2799 NW Boca Raton Blvd #205	Boca Raton, FL 33431

REINSTATEMENT 05-07

500094467045

03/22/07-01012-006 **250.00

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 #

561/368-0008

Typed or printed name of signing Managing Member/Manager