

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 FEB 27 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000046173

1. Limited Liability Company's Name

BEXCO, LLC

CR2E041 (10/08)

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

547 CR 501

Suite, Apt. #, etc.

3. Mailing Office Address

P O Box 10

Suite, Apt. #, etc.

City & State

Wildwood Florida

City & State

Sumterville Florida

Zip

34785

Country

USA

Zip

33585

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified

To Do Business in Florida June 21, 2004

6. FEI Number

20-1271630

☒ 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

Patrick B Bexley

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

547 CR 501

Suite, Apt. #, Etc.

City

Wildwood

State

FL

Zip Code

34785

☒ 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 February 12, 2009

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	Patrick B Bexley	547 CR 501	Wildwood, FL 34785

400143912924
02/18/09--01021--004 **\$93.75

REINSTATEMENT

05-08-09

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 2/12/2009

Daytime Phone # (352) 569-1264

Typed or printed name of signing Managing Member/Manager Patrick B. Bexley