

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

10 FEB 10 PM 3:39

DOCUMENT # **L04000067040**
1. Limited Liability Company's Name **B.M.W.F. LLC.**

800168115178
02/05/10--01042--005 **282.50

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # 9720 S.W. 1st Place		3. Mailing Office Address 9720 SW. 1st Place	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Boca Raton, FL.		City & State Boca Raton, FL	
Zip 33428	Country USA	Zip 33428	Country USA

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 09/03/2004	
6. FEI Number 201445829	Applied For Not Applicable
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 Larry Woodson		
Street Address (P.O. Box Number is Not Acceptable) 9720 SW 1st Place		
Suite, Apt. #, Etc.		
City Boca Raton	State FL	Zip Code 33428

☒ 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 **Larry Woodson**
REGISTERED AGENT MUST SIGN

Date **Jan 31, 2010**

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	Larry Woodson	9720 S.W. 1st Place	Boca Raton, FL 33428

11. E-mail Address:

(To be used for future annual report notifications)

12. 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 **Larry Woodson**

Date **01-31-2010** Daytime Phone # **561-7560336**

Typed or printed name of signing Managing Member/Manager **Larry Woodson**