


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2007 MAR 22 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000015946		
1. Entity Name B & V FLORIDA HOLDINGS, LLC		

Principal Place of Business 88 S ATLANTIC AVE ORMOND BEACH, FL 32176	Mailing Address 88 S ATLANTIC AVE ORMOND BEACH, FL 32176
--	--

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02222007 REIN-LLC CR2E101 (1/07)

4. FEI Number		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BRINKMANN, CHUAN 4555 S ATLANTIC AVE UNIT 4206 PORT ORANGE, FL 32127-7064		Name: DARIA VIDAS Street Address (P.O. Box Number is Not Acceptable): 88 S. ATLANTIC AVE. City: ORMOND BEACH FL Zip Code: 32176	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

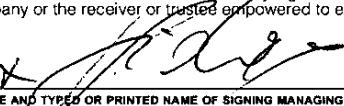
SIGNATURE:  DATE: 3/15/07

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
-----------------------------	--	---

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MGR NAME: BRINKMANN, CHUAN STREET ADDRESS: 4555 S ATLANTIC AVE UNIT 4206 CITY-ST-ZIP: PORT ORANGE, FL 321277064	<input checked="" type="checkbox"/> Delete	TITLE: PRES NAME: DARIA VIDAS STREET ADDRESS: 88 S. ATLANTIC AVE CITY-ST-ZIP: ORMOND BEACH, FL 32176	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	600095221646 03/29/07--01026--008 **100.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  DATE: 3/22/07 386-6767-0000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE