

850-245-6000

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 DEC 22 PM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05 000016312

1. Limited Liability Company's Name

BCM ENTERPRISES, LLC

8980 US HWY 1

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

~~8980 US HWY 1~~

Suite, Apt. #, etc.

unit 2

City & State

Sebastian, FL

Zip

32958

Country

USA

3. Mailing Office Address

673 Lake Dr

Suite, Apt. #, etc.

Suite A

City & State

Sebastian, FL

Zip

32958

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

2-16-05

6. FEI Number

202346579

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

Marla Houck Bower, Tanya L. Esq

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

c/o TRIPP SCOTT PA

Suite, Apt. #, etc.

110 SE 6th Street, 15th Floor

City

Fort Lauderdale

State

FL

Zip Code

33301

☒ 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
MANAGER MEMBER	Marla Houck	673 Lake Drive #A	SEBASTIAN, FL 32958

REINSTATEMENT

11. E-mail Address: paradisearcade@bellsouth.net

(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

Marla Houck

Date 12/21/09

Daytime Phone # 7726338710

Typed or printed name of signing Managing Member/Manager