


# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

07 OCT -5 PM 1:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # L05000016982</b> 1. Entity Name <b>BUCKSTORE PROPERTIES, LLC</b>					
Principal Place of Business <b>5881 NW 151 STREET SUITE # 202 MIAMI, FL 33014</b>			Mailing Address <b>5881 NW 151 STREET SUITE # 202 MIAMI, FL 33014</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>20-2383843</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>JEWETT, CHARLES E 2514 HOLLYWOOD BOULEVARD, SUITE 508 HOLLYWOOD, FL 33020</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$50.00 After January 1, 2008, Fee will be \$100.00</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR STORCH, PHILIP 5881 NW 151 STREET SUITE #202 MIAMI, FL 33014</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center;"> <b>000110017730</b>  <b>09/27/07--01037--006 **50.00</b> </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR WARSHOWER, MICHAEL 5881 NW 151 STREET SUITE #202 MIAMI, FL 33014</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR BRAVO, FABIAN 5881 NW 151 STREET SUITE #202 MIAMI, FL 33014</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.					
<b>SIGNATURE:</b> <i>Fabian Bravo</i>			Date <b>9-24-07</b> Daytime Phone # <b>786 439-0433</b>		

REINSTATEMENT

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