

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED
07 FEB 26 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L05000035015**

1. Limited Liability Company's Name

BILLIONAIRE BOYS CLUB, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # 4500 PORTOFINO Wy Suite, Apt. #, etc. #201 City & State WEST PALM BEACH, FL Zip 33401 Country USA		3. Mailing Office Address 4500 PORTOFINO Wy Suite, Apt. #, etc. #201 City & State WEST PALM BEACH, FL Zip 33401 Country USA	
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4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 4/8/2005	
6. FEI Number	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name RYAN JOHNSON			
Street Address (P.O. Box Number is Not Acceptable) 4500 PORTOFINO WAY			
Suite, Apt. #, Etc. #201			
City WEST PALM BEACH	State FL	Zip Code 33401	

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 2/20/07

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	RYAN JOHNSON	4500 PORTOFINO WAY WEST PALM BEACH, FL 33401	33401

03/02/07--01046--022 **100.00

REINSTATEMENT 06-07

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

[Signature]

Date 2-20-07 Daytime Phone # 6122467858

Typed or printed name of signing Managing Member/Manager

RYAN JOHNSON