

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 DEC 13 PM 1:37

SECRETARY OF STATE
TALLAHASSEE-FLORIDA

DOCUMENT # L05000038342

1. Limited Liability Company's Name

B&B HOLDINGS, LLC

CR2E041 (05/10)

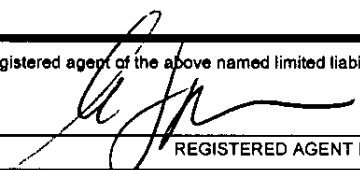
2. Principal Office Address - No P.O. Box # 4251 N. Federal Highway		3. Mailing Office Address 4251 N. Federal Highway	
Suite, Apt. #, etc. Suite 7 & 8		Suite, Apt. #, etc. Suite 7 & 8	
City & State Boca Raton		City & State Boca Raton	
Zip 33431	Country USA	Zip 33431	Country USA

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida April 20, 2005	
6. FEI Number 202704097	<input type="checkbox"/> Applied For <input type="checkbox"/> 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 Alex Johnson			
Street Address (P.O. Box Number is Not Acceptable) 4251 N. Federal Highway			
Suite, Apt. #, Etc. Suite 7 & 8			
City Boca Raton		State FL	Zip Code 33431

500188579175
12/10/10--01031--008 **402.50

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

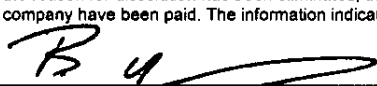
Date **12/8/10**

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	Vladislav Yampolsky	4251 N. Federal Highway, Suite 7 & 8	Boca Raton, Florida 333431
L. SELLERS			
DEC 14 2010			
EXAMINER			

11. E-mail Address: **AlexJ@EEJVA.COM**
(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  Date **12/8/10** Daytime Phone # **954 224-7500**
Typed or printed name of signing Managing Member/Manager **Vladislav Yampolsky**