L05000059331

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LIMITED LIABILITY REINSTATEMENT

B & W II, LLC

Certificate of Status	0
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Page Count	~~02~~ 6
Estimated Charge	~~$516.25~~

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N. Gilligan JUL 28 2008

FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 16, 2008

CT CORPORATION SYSTEM

, MS 39581

SUBJECT: B & W II, LLC
REF: L05000059331

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of the above referenced limited liability company is no longer available. Please file an amendment changing the name of this entity. The fee to file an amendment is $25.00.

In order to complete your filings, both the reinstatement application and name change amendment must be submitted together along with the applicable fees for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Document Specialist

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

08 JUL 25 AM 8:49

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CR2E041 (12/07)

DOCUMENT # L05000059331

1. Limited Liability Company's Name
B & W II LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
13937 Perdido Key Dr	Same
Suite, Apt. #, etc. 1303	Suite, Apt. #, etc.
City & State Pensacola FL	City & State
Zip 32507 Country USA	Zip Country

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 07-12-2005

6. FEI Number: 20-3072728 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee Required for Certificate of Status

8. Name and Address of Current Registered Agent

Name: C T Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Rd.

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

☒ 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 _____ Date _____
REGISTERED AGENT MUST SIGN

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	M. Wanda White	13937 Perdido Key Dr #1303	Pensacola FL 32507
		REINSTATEMENT 06,08	

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 608.408, 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: M. Wanda White Date: 07-08-2008 Daytime Phone #: 850-454-2043

Typed or printed name of signing Managing Member/Manager: M. Wanda White