

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 AUG 28 PM 1:39

DOCUMENT # L05000063622
1. Limited Liability Company's Name
BAHNEL ACQUISITIONS GROUP,
LLC

800135069618
08/28/08--01036--014 **138.75

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # <u>5708 NW 16th Street</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>P.O. Box 19326</u> Suite, Apt. #, etc.	
City & State <u>LAUDERHILL, FL</u>		City & State <u>Plantation, FL</u>	
Zip <u>33313</u>	Country <u>Broward</u>	Zip <u>33317-9998</u>	Country <u>Broward</u>

4. State/Country of Formation <u>FL/Broward</u>	
5. Date Organized or Qualified To Do Business in Florida <u>6/27/05</u>	
6. FEI Number <u>20-3075508</u>	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 <u>Aliethia Evans</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>5708 NW 16th Street</u>	
Suite, Apt. #, Etc.	
City <u>LAUDERHILL</u>	State <u>FL</u>
Zip Code <u>33313</u>	

☒ 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

8/25/08

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	<u>HORACE Buddoo</u>	<u>5708 NW 16th Street</u>	<u>LAUDERHILL, FL 33313</u>
MGRM	<u>Aliethia Evans</u>	<u>5708 NW 16th Street</u>	<u>LAUDERHILL, FL 33313</u>

800135069618
08/28/08--01036--015 **5.00

REINSTATEMENT 2006-08

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 608.406, 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

8/25/08

Daytime Phone #

(954) 8293394

Typed or printed name of signing Managing Member/Manager