

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 10 PM 12:10

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000081566

1. Limited Liability Company's Name

BILLION RICHLI LTD LIABILITY CO.

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # 1901 60TH PLACE		3. Mailing Office Address 1901 60TH PLACE	
Suite, Apt. #, etc. SUITE #L8319		Suite, Apt. #, etc. SUITE #L8319	
City & State BRADENTON, FL		City & State BRADENTON, FL	
Zip 34203	Country USA	Zip 34203	Country USA

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 08/18/2005	
6. FEI Number	<input checked="" type="checkbox"/> Applied For <input 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 OPHELIA FLORIDA ADVANCED BUSINESS ASSISTANCE			
Street Address (P.O. Box Number is Not Acceptable) 1901 60TH PLACE			
Suite, Apt. #, Etc. SUITE #L8319			
City BRADENTON	State FL	Zip Code 34203	

☐ 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 18.03.08
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	CODDAN MANAGERS SERVICE LTD	5 PERCY ST., OFFICE 5,	LONDON, W1T 1DG, UK

800122303738
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REINSTATEMENT 2006-2008

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 18.03.08 Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager _____