## 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF

## SECRETARY OF STATE DIVISION OF CORPORATIONS REINSTATEMENT DOCUMENT # L05000095951 06 NOV 16 AM 9: 41 1. Entity Name B & V INVESTMENT, LLC Principal Place of Business Mailing Address 12907 S.W. 103RD PLACE 12907 S.W. 103RD PLACE MIAMI, FL 33176 MIAMI, FL 33176 2. Principal Place of Business 433 PEACE COURT 3. Mailing Address 433 PEACE Suite, Apt. #, etc. Suite, Apt. #, etc. 1152006 REIN-LLC CR2E101 (11/05) City & State 4. FEI Number 36 - 458 1180 City & State Applied For Kissimmee KISSIMMEE Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DANIEL BELONY, GARRY VALCOURT 12907 S.W. 103RD PLACE Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33176 PEACE CourT City Zip Code 34759 KISSIMMEE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 Make check payable to After January 1, 2007, Fee will be \$200.00 Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGRM TITLE Delete MGRM TITLE Change ■ Addition VALCOURT, DANIEL VALCOURT NAME DANIEL NAME \$433 PEACE COURT 12907 S.W. 103RD PLACE STREET ADDRESS STREET ADORESS CITY-ST-ZIP MIAMI: FL-93176 CITY-ST-ZIP KISSIMMEE **MGRM** TITLE ☐ Delete ☐ Addition BELONY, GARRY 0000082142 NAME STREET ADDRESS 12907 S.W. 103RD PLACE 11/29/06--01049--016 STREET ADDRESS \*\*150.00 CITY-ST-ZIP MIAMI, FL 33176 CITY-\$1-ZIP TITLE Delete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

MAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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