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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850) 222-1173
Fax Number : (850) 224-1640

****Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.****

Email Address: _____

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TALLAHASSEE, FLORIDA

**LIMITED LIABILITY REINSTATEMENT
BC TOWER 8, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$238.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDALIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # LO5000105587

1. Limited Liability Company's Name

BC Tower 8, LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # Santa Maria, 121 main st.		3. Mailing Office Address Santa Maria, PO. Box 258	
Suite, Apt. #, etc. APT # B-6		Suite, Apt. #, etc. APT # B-6	
City & State Ocho Rios, ST Ann		City & State Ocho Rios ST Ann	
Zip	Country Jamaica	Zip	Country Jamaica

4. State/Country of Formation N/A	
5. Date Organized or Qualified To Do Business in Florida 10/28/2005	
6. FEI Number 203743388	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☐ \$9.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent	
Name CorpDirect Agents, Inc.	
Street Address (P.O. Box Number is Not Acceptable) 515 East Park Avenue	
Suite, Apt. #, Etc.	
City Tallahassee	State Zip Code FL 32301

E-mail Address: kgphillips@live.com (To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 806, F.S.	
Signature of Registered Agent <i>Michele Holden</i>	Michele Holden, Asst. Secretary Date 12/19/11
REGISTERED AGENT MUST SIGN	

10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	David Phillips	One S.E. Third Avenue, 28th floor	Miami FL 33131

REINSTATEMENT - 2011

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 806, 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 806.406, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	
Signature of Managing Member/Manager <i>David Phillips</i>	Date 11/28/11 Daytime Phone # 878-399-0007
Typed or printed name of signing Managing Member/Manager David Phillips	

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C.S.