

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000109129

1. Limited Liability Company's Name

BK PROPERTIES OF CENTRAL FLORIDA, LLC

2. Principal Office Address - No P.O. Box #

2402 HINSON AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

2402 HINSON AVENUE

Suite, Apt. #, etc.

City & State

HAINES CITY, FLORIDA

City & State

HAINES CITY, FL

Zip

33844

Country

USA

Zip

33844

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified

To Do Business in Florida **11-09-2005**

6. FEI Number

20-3800449

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

BHISNUE K SINGH

Street Address (P.O. Box Number is Not Acceptable)

2402 HINSON AVENUE

Suite, Apt. #, Etc.

City

HAINES CITY

State

FL

Zip Code

33844

☒ 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 **01-16-09**

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
MGR	BHISNUE K SINGH	2402 HINSON AVENUE	HAINES CITY FL 33844
MGR	LADCHMIN SINGH	2402 HINSON AVENUE	HAINES CITY FL 33844

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 **01-16-09**

Daytime Phone # **863-421-8435**

Typed or printed name of signing Managing Member/Manager

BHISNUE K SINGH

FILED
09 FEB -3 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01/29/09--01041--003 ***198.75

900141465199
01/20/09--01033--002 ***421.25

CR2E041 (10/08)

EXAMINER
JAN 22 2009
S. HAWKES

REINSTATEMENT
2006-09



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 22, 2009

BK PROPERTIES OF CENTRAL FLORIDA, LLC
2402 HINSON AVENUE
HAINES CITY, FL 33844 US

SUBJECT: BK PROPERTIES OF CENTRAL FLORIDA, LLC
Ref. Number: L05000109129

We have received your document for BK PROPERTIES OF CENTRAL FLORIDA, LLC and your check(s) totaling \$421.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

Because your reinstatement was not completed in time for you to receive a annual report form, we must collect the fee(s) due for the current calendar year. Therefore, the total amount due to reinstate the entity is \$138.75.

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) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 609A00002372