

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAY -4 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 060000 10434

1. Limited Liability Company's Name

Downtown main Street BG Plaza, LLC

600180261166
05/04/10--01008--021 **660.00

CR2E041 (11/09)

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

13851 Ishwala Circle

Suite, Apt. #, etc.

3. Mailing Office Address

3379 South Military Trail

Suite, Apt. #, etc.

City & State

Wellington, FL

Zip

33414

Country

USA

City & State

Lake worth FL

Zip

33463

Country

USA

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified
To Do Business in Florida

1/30/2006

6. FEI Number

27-2445644

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

Omar Matari

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

13851 Ishwala Circle

Suite, Apt. #, Etc.

City

Wellington

State

FL

Zip Code

33414

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date

4-28-10

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
MGMR	Omar Matari	13851 Ishwala Cir.	Wellington, FL 33414
MGMR	Haya Matari	13851 Ishwala Cir	Wellington, FL 33414
MGMR	Nasser Halum	15653 Bentcreek Rd	Wellington, FL 33414
MGMR	Nada Halum	15653 Bentcreek Rd	Wellington, FL 33414

REINSTATEMENT 2007-10

11. E-mail Address: N Halum @ AOL. Com

(To be used for future annual report notifications)

12. 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

[Signature]

Date

4/28/2010

Daytime Phone #

561-281-7525

Typed or printed name of signing Managing Member/Manager