

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L06000025772**

1. Limited Liability Company's Name

**B & L ENTERPRISE SERVICES, LLC**

07

FILED  
09 APR -9 PM 1:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600149293476  
04/08/09--01021--003 \*\*516.25

CR2E041 (10/08)

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

2801 CURRY FORD ROAD

Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA

Zip

32806

Country

US

3. Mailing Office Address

2801 CURRY FORD ROAD

Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA

Zip

32806

Country

US

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified

To Do Business in Florida MARCH 9, 2006

6. FEI Number 26-4478681

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

BA VAN DAO

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

2801 CURRY FORD ROAD

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32806

☐ 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

BA VAN DAO

REGISTERED AGENT MUST SIGN

Date APRIL 8, 2009

**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	DAO, BA VAN	2801 CURRY FORD ROAD	ORLANDO, FL. 32806
MGRM	DAO, LIEN	2801 CURRY FORD ROAD	ORLANDO, FL 32806

REINSTATEMENT 2007-2009

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 04/08/09

Daytime Phone# 407-617-0377

Typed or printed name of signing Managing Member/Manager

BA VAN DAO