

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L0600026208

1. Limited Liability Company's Name

BC GRAPHICS LLC

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

3325 HONEYSUCKLE LANE

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

Country

32812

ORANGE

3. Mailing Office Address

3325 HONEYSUCKLE LANE

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

Country

32812

ORANGE

8. Name and Address of Current Registered Agent

Name

STEPHEN CHAN

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

3325 HONEYSUCKLE LANE

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32812

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

REGISTERED AGENT MUST SIGN

Date

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	STEPHEN CHAN	3325 HONEYSUCKLE LANE	ORLANDO, FL 32812
MGR	MARGARET CHAN	3325 HONEYSUCKLE LANE	ORLANDO, FL 32812
MGR	BRENT CHAN	3325 HONEYSUCKLE LANE	ORLANDO, FL 32812
MGR	MELENA C. GERRY	3325 HONEYSUCKLE LANE	ORLANDO, FL 32812

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. 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

Date 09/10/11

Daytime Phone # 407-947-7566

Typed or printed name of signing Managing Member/Manager **STEPHEN CHAN**

FILED

11 OCT -3 PM 3:11

SECRETARY OF STATE
REINSTATEMENT
STATE OF FLORIDA

900212145999
09/15/11--01007--024 **268.75

CR2E041 (1/11)

4. State/Country of Formation
FLORIDA / ORANGE

5. Date Organized or Qualified
To Do Business in Florida 03/13/2006

6. FEI Number
592302341

Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

E-mail Address:

900212145999
10/04/11--01002--002 **277.50

bobbychan@cfl.rr.com

(To be used for future annual report notices)