PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

400363864004
03/03/21--01035--009 **142.50

243.75

400368004008

CR2E041 (1/14)

DOCUMENT # L06000045645

1. Limited Liability Company's Name
B&B Dixie Properties LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
19 South Dixie Hwy	3221 South Ocean Blvd
Suite Apt. #, etc	Suite Apt. # etc 407
City & State Lake Worth, FL	City & State Highland Bch, FL
Zip / Country 33460 / USA	Zip / Country 33487 / USA

4. State/Country of Formation
FL - USA

5. Date Organized or Qualified To Do Business in Florida
2013

6. FEI Number
06000045645
☐ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a certificate of status

REINSTATEMENT
2020-2021

8. Name and Address of Current Registered Agent

Name
Robert T Krebs

Street Address (P.O. Box Number is Not Acceptable) Suite
3221 South Ocean Blvd.

Apt. #, Etc
407

City
Highland Bch.

State
FL

Zip Code
33487

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605.

Signature of Registered Agent
Robert T Krebs
REGISTERED AGENT MUST SIGN

Date
3/3

2021 JUL 13 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FL

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City/State/Zip
PRS	Robert T. Krebs	3221 South Ocean Blvd	Highland Bch FL 33487

11. E-mail Address
Krebsrt@gmail.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member
Robert T Krebs
Date
3/3/21
Daytime Phone #
561-866-1234

Typed or printed name of signing authorized representative/member
Robert T Krebs