PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 DEC 30 PM 4:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CR2E041 (05/10)

DOCUMENT # L06000091453

1. Limited Liability Company's Name
B.H.S. INVESTMENTS LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1646 SWALLOWTAIL LN		1646 SWALLOWTAIL LN	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: SANFORD FL		City & State: SANFORD FL	
Zip: 32771	Country: SEMINOLE	Zip: 32771	Country: SEMINOLE

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 9-20-2006

6. FEI Number: 72-1621178 ☐ 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: RONALDO TURNER

Street Address (P.O. Box Number is Not Acceptable): 1646 SWALLOWTAIL LN

Suite, Apt. #, Etc.:

City: SANFORD FL State: FL Zip Code: 32771

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] Date: 12-22-2010

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
MGRM	RONALDO TURNER	1646 SWALLOWTAIL LN	SANFORD FL 32771

REINSTATEMENT 08-10

L. SELLERS
JAN - 3 2011
EXAMINER

11. E-mail Address: bhsinvestments@yahoo.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: 12-22-10 Daytime Phone #: 407-574-3300

Typed or printed name of signing Managing Member/Manager: RONALDO TURNER