


2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000091729		
1. Entity Name BOT BUILDING LLC		

Principal Place of Business 58 SIOUX CIRCLE HAVANA, FL 32333	Mailing Address P.O. BOX 1358 HAVANA, FL 32333
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2. Principal Place of Business - No P.O. Box # 958 Ames Baineau Rd	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Havana FL	City & State
Zip 32333	Country Gadsden

6. Name and Address of Current Registered Agent BENFIELD, RON 58 SIOUX CIRCLE HAVANA, FL 32333		7. Name and Address of New Registered Agent Name: Carolus Bot Street Address (P.O. Box Number is Not Acceptable): 958 Ames Baineau Rd City: Havana FL Zip Code: 32333	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  (NOTE: Registered Agent signature required when reinstating)

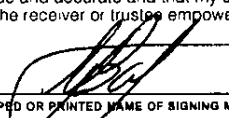
FILE NOW!!! FEE IS \$277.50	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BOT, CAROLUS P.O. BOX 1358 HAVANA, FL 32333 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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REINSTATEMENT
08, 09

100158228921
07/08/09--01002--003 **277.50

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  DATE: _____ DAYTIME PHONE: _____

FILED

09 JUL -7 PM 3:08

SECRETARY OF STATE
TALLAHASSEE FLORIDA



07072009 REIN-LLC CR2E101 (1/07)

4. FEI Number 20-5579809	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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