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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

13 MAY 10 AM 11:56

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name
Document # L07000001332
BECH, LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
672 Soundview Dr.	672 Soundview Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palm Harbor, FL	City & State: Palm Harbor FL
Zip: 34683 Country: US	Zip: 34683 Country: US

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business In Florida: 01/04/2007

6. FEI Number: Applied For ☐ Not Applicable ☒

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: William Wright
Street Address (P.O. Box Number is Not Acceptable): 01/04/2007
Suite, Apt. #, etc.: 672 Soundview Dr.
City: Palm Harbor State: FL Zip Code: 34683

E-mail Address: wwright53@yahoo.com
(To be used for future annual report notices)

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 X _____ Date April 2013
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	William Wright	672 Soundview Dr.	Palm Harbor, FL 34683
MGR	Heidi S. Wright	627 Soundview Dr.	Palm Harbor, FL 34683

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 608.408, 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 any 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 April 2013 Daytime Phone # 727-639-6080

Typed or printed name of signing Managing Member/Manager: William Wright, Manager

Florida Department of State

Division of Corporations

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LIMITED LIABILITY REINSTATEMENT

BECH, LLC

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