

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

**10 SEP 29 AM 10:30**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **LD8000058276**

1. Limited Liability Company's Name

**BHM REALTY INVESTMENTS, LLC**

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box # <b>501 Fairway Drive</b>		3. Mailing Office Address <b>501 Fairway Drive</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Deerfield Beach, Florida</b>		City & State <b>Deerfield Beach, Florida</b>	
Zip <b>33441</b>	Country <b>Palm Beach</b>	Zip <b>33441</b>	Country <b>Palm Beach</b>

4. State/Country of Formation <b>Florida</b>	
5. Date Organized or Qualified To Do Business in Florida <b>6/12/2008</b>	
6. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>	

8. Name and Address of Current Registered Agent			
Name <b>Thomas V. Eagan, Esq.</b>			
Street Address (P.O. Box Number is Not Acceptable) <b>200 South Biscayne Boulevard</b>			
Suite, Apt. #, Etc. <b>Suite 4100</b>			
City <b>Miami</b>	State <b>FL</b>	Zip Code <b>33131</b>	

**200186008152**  
09/29/10--01003--011 \*\*277.50

**200186008152**  
09/29/10--01003--012 \*\*100.00

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

*Thomas V. Eagan*

REGISTERED AGENT MUST SIGN

Date **9/28/10**

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	Thomas V. Eagan, Esq.	200 South Biscayne Boulevard, Suite 4100	Miami, Florida 33131

**REINSTATEMENT 09.10**

11. E-mail Address: \_\_\_\_\_  
(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

*Thomas V. Eagan*

Date **9/28/10**

Daytime Phone # **305 577 2814**

Typed or printed name of signing Managing Member/Manager

**N. Culligan SEP 24 2010**