


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L09000037663					
1. Limited Liability Company's Name Bernwood Properties LLC.					
2. Principal Office Address - No P.O. Box # 27261 S. Riverside Dr.		3. Mailing Office Address		CR2E041 (1/14)	
Suite, Apt. #, etc. 27261 S. Riverside Dr.		Suite, Apt. #, etc.		4. State/Country of Formation FL. U.S.	
City & State Bonita Springs, Fl.		City & State		5. Date Organized or Qualified To Do Business in Florida 4/20/2009	
Zip 34135	Country US	Zip	Country	6. FEI Number 26-4721745	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
8. Name and Address of Current Registered Agent				7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	
Name Diane K. Bernet				400260517004 12/31/15--01012--010 **238.75	
Street Address (P.O. Box Number is Not Acceptable) Suite, 27261 S. Riverside Dr.					
Apt. #, Etc.					
City Bonita Springs	State FL	Zip Code 34135			
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.					
Signature of Registered Agent Diane K. Bernet				Date 12/20/15	
REGISTERED AGENT MUST SIGN					
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	
Mng	Diane K. Bernet	27261 S. Riverside Dr,		Bonita Springs, Fl. 34135	
Mem	Virginia N. Bernet	8922 Bernet Rd.		North East, Pa. 16428	
				S. HAWKES	
REINSTATEMENT				JAN 4 A.M.	
2015				EXAMINER	
11. E-mail Address: rivervacation10@aol.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.					
		Diane K. Bernet		12/20/15	
				239-947-0620	