

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

11 APR 26 AM 10:37

DOCUMENT # LO9000087441

1. Limited Liability Company's Name

BG1 LLC

800201906848  
04/14/11--01036--008 \*\*243.75

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #

1803 EASTPOINT WAY

3. Mailing Office Address

1803 EASTPOINT WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM BEACH GARDENS, FL

City & State

PALM BEACH GARDENS, FL

Zip

33418

Country

USA

Zip

33418

Country

USA

4. State/Country of Formation

FLORIDA PALM BEACH COUNTY

5. Date Organized or Qualified  
To Do Business in Florida

04/30/1992

6. FEI Number

65-0360761

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

BERNICE LAWRENCE

Street Address (P.O. Box Number is Not Acceptable)

1803 EASTPOINT WAY

Suite, Apt. #, Etc.

City

PALM BEACH GARDENS

State

FL

Zip Code

33418

E-mail Address:

justinmg.tassoc@aol.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 Bernice Lawrence

Date 4/11

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
MGM	BERNICE LAWRENCE	1803 EASTPOINT WAY	PALM BEACH GARDENS FL 33418
			04/26/11--01014--012 **133.75
	REINSTATEMENT 10,11		

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 608.406, 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. 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

x Bernice Lawrence

Date

4/7/11

Daytime Phone #

(561) 627-2627

Typed or printed name of signing Managing Member/Manager

BERNICE LAWRENCE