

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2016 OCT -6 AM 4:23

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L BERGER

CR2E041 (1/14)

DOCUMENT # L12000026504

1. Limited Liability Company's Name
BIC PRODUCTION LLC

2. Principal Office Address - No P.O. Box #
6202 RAINTREE DR

Suite, Apt. #, etc.

City & State
ORLANDO, FLORIDA

Zip Country
32822 USA

3. Mailing Office Address
6202 RAINTREE DR

Suite, Apt. #, etc.

City & State
ORLANDO, FLORIDA

Zip Country
32822 USA

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified
To Do Business in Florida **02/22/2012**

6. FEI Number
72-1621822

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
TOSOLINI & LAMURA LLP

Street Address (P.O. Box Number is Not Acceptable) Suite,
407 LINCOLN ROAD

Apt. #, Etc.
SUITE 11-C

City
MIAMI BEACH

State Zip Code
FL 33139

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

(Signature)
(GIANNI TONIUTTI)

Date **10/05/2016**

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
MR	DANIELE GRAMICCIA	6202 RAINTREE DR	ORLANDO, FL 32822

REINSTATEMENT
2016

11. E-mail Address

(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.

Signature of authorized representative/member

(Signature)
05/10/2016

Daytime Phone #

Typed or printed name of signing authorized representative/member

DANIELE GRAMICCIA