PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2021 JUL 30 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L17000243223

1 Limited Liability Company's Name
BP Enterprises, LLC

2 Principal Office Address - No P O Box #		3 Mailing Office Address	
11626 Pure Pebble Drive		11626 Pure Pebble Drive	
Suite Apt #, etc		Suite Apt # etc	
City & State		City & State	
Riverview, Florida		Riverview, Florida	
Zip	Country	Zip	Country
33569	USA	33569	USA

CR2E047 (1/14)

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida 11/27/2017

6. FEI Number 82-3526036 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a certificate of status

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07/30/21--0015--024 **55.00

8. Name and Address of Current Registered Agent

Name
Phillip B. Powell

Street Address (P O Box Number is Not Acceptable) Suite,
11626 Pure Pebble Drive

Apt #, Etc

City	State	Zip Code
Riverview	FL	33569

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 Phillip B. Powell Date 07/17/2021
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
MGR	Phillip B. Powell	11626 Pure Pebble Drive	Riverview, FL 33569

11 E-mail Address barrypowell@verizon.net
(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 Phillip B. Powell Date 07/17/2021 Daytime Phone # 813-360-9236

Typed or printed name of signing authorized representative/member Phillip B. Powell