

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 NOV 10 AM 10:53

1. DOCUMENT # L95000000941

Name and Mailing Address

0001075 01 AT 0.292 \*\*AUTO T6 1 0615 32034-532953

BC&H ENTERPRISES, L.L.C.

1553 GERBING RD  
AMELIA ISLAND FL 32034-5329

200024569762  
11/10/03--01095--001 \*\*155.00



2. New Mailing Address <b>802 ASH STREET</b> City, State, Zip <b>FERNANDINA BEACH, FL 32034</b>		4. State/Country of Formation <b>FL</b>	
Principal Place of Business <b>1553 GERBING RD AMELIA ISLAND FL 32034</b>		3. New Principal Place of Business Address <b>802 ASH STREET</b> City, State, Zip <b>FERNANDINA BCH, FL 32034</b>	
5. Date Organized or Qualified To Do Business in Florida <b>12/01/1995</b>		6. FEI Number <b>59-3376760</b>	
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status		Applied For <input type="checkbox"/> Not Applicable	
8. Name and Address of Current Registered Agent <b>THOMPSON, HAL J 1890 SOUTH 14TH STREET SUITE 120 FERNANDINA BEACH FL 32034</b>		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
10. 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 <b>SIGNATURE REQUIRED</b> Date REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	THOMPSON, HAL J	1890 SOUTH 14TH STREET	AMELIA ISLAND FL 32034
MEM	THOMPSON, BEEBE S	1890 SOUTH 14TH STREET	AMELIA ISLAND FL 32034
MEM	THOMPSON, COURTNEY R	1890 SOUTH 14TH STREET	AMELIA ISLAND FL 32034
<b>REINSTATEMENT</b> <b>03 cus</b> <b>dec</b>			

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

**SIGNATURE REQUIRED**  
*Hal Thompson*

Date **10/20/03**

Daytime Phone # **(904) 321-2430**

Typed or printed name of signing Managing Member/Manager

**Hal Thompson**