

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2010 AUG 16 AM 10:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

300184407733  
08/17/10--01011--005 \*\*377.50

CR2E041 (05/10)

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L 98000000454

1. Limited Liability Company's Name

BEM Properties LLC

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

9051 Point Cypress Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

9051 Point Cypress Dr.

Suite, Apt. #, etc.

City & State

Orlando FL

Zip

32836

Country

U.S.A.

City & State

Orlando Florida

Zip

32836

Country

U.S.A.

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

4/7/98

6. FEI Number

59-350 5777

☐ 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

Edmund A. Gonzalez

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

9051 Point Cypress Dr.

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32836

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

8/6/10

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
MEMBER	Edmund A. Gonzalez	9051 Point Cypress Dr	Orlando FL 32836

REINSTATEMENT - 09-10

11. E-mail Address:

(To be used for future annual report notifications)

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]*

Date

8/6/10

Daytime Phone #

407 353-8155

Typed or printed name of signing Managing Member/Manager

C.S.

377.50 reinstatement