

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 NOV 15 AM 11:05

REINSTATEMENT *2000*

DOCUMENT # **L98000002335**

1. Limited Liability Company's Name

B-K RANCH, L.C.

2. Principal Office Address

2003 Via Tuscany

Suite, Apt. #, etc.

City & State

Winter Park, Florida

Zip

32789

Country

USA

3. Mailing Office Address

← **(Same)**

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida

August 30, 1998

6. FEI Number

59-3537601

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$500 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Philip Tatich, Esquire

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

341 North Maitland Avenue

Suite, Apt. #, Etc.

Suite 340

City

Maitland

900003478609-6
~~11/28/00-01081-006~~
 ***150.00 ***150.00

State

FL

Zip Code

32751

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

REGISTERED AGENT MUST SIGN

Date **11/16/00**

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
MGRM	BFT CAPITAL CORP.	2003 Via Tuscany	Winter Park, FL 32789

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.

Signature of Managing Member/Manager

BFT CAPITAL CORP.

By:

Date **11/7/00**

Daytime Phone # **407/629-4433**

Typed or printed name of signing Managing Member/Manager

BEN BENHAM

CR2E041 (9/99)