

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2009 NOV 13 PM 3:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000000430

1. Limited Liability Company's Name

BF Investment Group, LLC

CR2E041 (10/08)

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

7360 NW 51 Terrace

Suite, Apt. #, etc.

3. Mailing Office Address

7360 NW 51 Terrace

Suite, Apt. #, etc.

City & State

Coconut Creek FL

City & State

Coconut Creek FL

Zip

33073

Country

Broward

Zip

33073

Country

~~Broward~~ USA

4. State/Country of Formation

Broward Florida

5. Date Organized or Qualified

To Do Business in Florida 01/26/1999

6. FEI Number

650840553

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

Gerald S. Behan

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

7360 NW 51 Terrace

Suite, Apt. #, Etc.

City

Coconut Creek

State

FL

Zip Code

33073

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 11/04/2009

**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	Gerald S Behan	7360 NW 51 Terrace	Coconut Creek FL 33073

REINSTATEMENT -08-09

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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

Date 11/04/2009

Daytime Phone # 954-234-1002

Typed or printed name of signing Managing Member/Manager Gerald S Behan