PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM									
COMPANY REINSTATEMENT COMPANY REINSTATEMENT COMPANY REINSTATEMENT COMPANY COMPA						04 JUL 19 PM 1: 36 SEC OF TABY OF STATE TALL AHABBRE FLORIDA			
DOCUMENT # L99 000 00 2559 1. Limited Liability Company's Name BDJ Insurance, L.C.							ALL#NAJSKL LC	MJH	
2. Principal Office Address 634 Virginia Dr 634 Virginia Dr					atata Ba		000288575 2/0401032002 try of Formation	597 **150.00	
Suite, Apt. #, etc. Suite, Apt. #, e				··•·		Florida			
City & State City & State						To Do Busi	5. Date Organized or Qualified To Do Business in Florida 05/05/1999		
Orlando, FL			Orlando, FL			6. FEI Number 593562587 Applied For Not Applicable			
zip 32803			Zip		Country	7.	RTIFICATE OF STATUS DESIRED 55.00 Additional Fee required for a Certificate of Status		
8. Name and Address of Current Registered Agent									
		Robert F. MacLeish Jr. Street Address (P.O. Box Number is Not Acceptable)							
į	Suite, Apt. #, Etc.					70	<u>)0028857</u>	597	
	City Orlando					04404	//0401080005 State	- **25U UU	
Signature of Registered Agent Date 02/04/2004								CR2E041 (10/02	
10. Names and Street Addresses of Managing Members/Managers									
Titles	Name of Street Address of Each City / State / 7 in							e / Zip	
MGRM	Managing Members/Managers Myles Properties, L.C.			Managing Member/Manager 2611 Technology Dr			Orlando, FL 32804		
MGRM	Jeffrey Vratanina			2611 Technology Dr			Orlando, FL 32804		
MGRM	Lisa Vratanina			2611 Technology Dr			Orlando, FL 32804		
MGRM	MacLeish Insurance Agency Inc.			634 Virginia Dr			Orlando, FL 32803		
MGRM	Lisa M Vratanina Trustee			2611 Technology Dr			Orlando, FL 32804		
MGRM	Jeffrey J Vratanina Trustee			2611 Technology Dr			Orlando, FL 32804		
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 Daytime Phone #									