M06000003553

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LIMITED LIABILITY REINSTATEMENT

B & B REAL ESTATE OF JACKSONVILLE, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	$382.50

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M06000003553

1. Limited Liability Company's Name

B & B Real Estate of Jacksonville, LLC

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
221 N Hogan Street	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
# 304	
City & State	City & State
Jacksonville, FL	
Zip / Country	Zip / Country
32202 / USA	

4. State/Country of Formation: DE, USA

5. Date Organized or Qualified To Do Business in Florida: March 26, 2006

6. FEI Number: 204921433 ☐ 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: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation | State: FL | Zip Code: 33324

☐ 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, accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: Anthony LiCausi Vice President

REGISTERED AGENT MUST SIGN

Date: 1-16-08

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Member/s/ Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Dane Baird	221 N Hogan Street #304	Jacksonville, FL 32202

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 608.408, 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: JAN 16 08 Daytime Phone #: 954 534 4516

Typed or printed name of signing Managing Member/Manager: DANE BAIRD