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13 DEC 27 PM 3:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| <b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>   |                           |  |  | <b>FLORIDA DEPARTMENT OF STATE<br/>Secretary of State<br/>DIVISION OF CORPORATIONS</b>                               |  |
|--|---------------------------|---|--|--|--|
| <b>DOCUMENT # M12000004053</b>   |                           |   |  |  |  |
| 1. Limited Liability Company's Name<br><b>B &amp; F PARTNERS LLC</b>   |                           |   |  |  |  |
| 2. Principal Office Address - No P.O. Box #<br><b>103 Copper Point Cove</b>  |                           |   | 3. Mailing Office Address<br><b>PO Box 208</b> |  |  |
| Suits, Apt. #, etc.  |                           |   | Suits, Apt. #, etc.                            |  |  |
| City & State<br><b>Georgetown, TX</b>  |                           |   | City & State<br><b>Georgetown, TX</b>          |  |  |
| Zip<br><b>78628</b>  | Country<br><b>US</b>      | Zip<br><b>78627</b>   | Country<br><b>US</b>                           | 4. State/Country of Formation<br><b>Texas</b>  |  |
|  |                           |   |  | 5. Date Organized or Qualified To Do Business in Florida<br><b>07/18/2012</b>  |  |
|  |                           |   |  | 6. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable                |  |
|  |                           |   |  | 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status |  |
| 8. Name and Address of Current Registered Agent  |                           |   |  | E-mail Address:  |  |
| Name<br><b>Incorp Services, Inc.</b>   |                           |   |  | <b>dbrannen1@aol.com</b>   |  |
| Street Address (P.O. Box Number is Not Acceptable)<br><b>17888 67th Court North</b>  |                           |   |  |  |  |
| Suits, Apt. #, Etc.  |                           |   |  |  |  |
| City<br><b>Loxahatchee</b>   | State<br><b>FL</b>        | Zip Code<br><b>33470</b>  |  |  |  |
| (To be used for future annual report notices)  |                           |   |  |  |  |
| 9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.  |                           |   |  |  |  |
| Signature of Registered Agent <i>David L Brannen</i> ON BEHALF OF INCORP SERVICES, INC. Date <b>12/27/2013</b><br><small>REGISTERED AGENT MUST SIGN</small>  |                           |   |  |  |  |
| 10. Names and Addresses of Each Person Authorized to manage the Limited Liability Company  |                           |   |  |  |  |
| Titles AMBR/MGR  | Name of Authorized Person | Street Address of Each Authorized Person  |  | City / State / Zip   |  |
| Mgr  | David L Brannen           | 103 Copper Point Cove   |  | Georgetown, TX 78628   |  |
| Mgr  | Wencie P Brannen          | 103 Copper Point Cove   |  | Georgetown, TX 78628   |  |
|  |                           |   |  |  |  |
|  |                           |   |  | <b>DEC 27 2013</b>   |  |
|  |                           |   |  | <b>S. PRATHER</b>  |  |
| 11. I certify that I am an authorized person empowered to execute this application as provided for in Chapter 605, 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 Chapter 605, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. |                           |   |  |  |  |
| Signature of Authorized Person <i>David L Brannen</i> Date <b>26 Dec 2013</b> Daytime Phone # <b>(512) 819-9198</b>  |                           |   |  |  |  |
| Typed or printed name of signing Authorized Person <b>David L Brannen</b>  |                           |   |  |  |  |

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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6384

From: Account Name : INCORP SERVICES INC  
Account Number : I20120000007  
Phone : (702) 866-2500  
Fax Number : (702) 866-2689

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: WENDY.HEFLEY@INCORP.COM

LIMITED LIABILITY REINSTATEMENT  
B & F PARTNERS LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
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