

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 NOV 17 PM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300292458233
11/17/16--01006--028 **238.75

CR2E041 (1/14)

DOCUMENT # M15000003475

1. Limited Liability Company's Name

BP Lot 2, LLC

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

7115 North Ave

Suite, Apt. #, etc.

#256

City & State

Oak Park, IL

Zip

60302

Country

United States

3. Mailing Office Address

7115 North Ave

Suite, Apt. #, etc.

#256

City & State

Oak Park, IL

Zip

60302

Country

United States

4. State/Country of Formation

Illinois

5. Date Organized or Qualified
To Do Business in Florida

May 4, 2015

6. FEI Number

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

Sean P. Cox, Esq

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

156 E. Bloomingdale Ave

Apt. #, Etc.

City

Brandon

State

FL

Zip Code

33511

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

REGISTERED AGENT MUST SIGN

Date

11/14/16

10. Names and Street Addresses of Authorized Representatives/Managers

| Titles | Name of Authorized Representatives/ Managers | Street Address of Each Authorized Representative/ Manager | City / State / Zip |
|--------|--|---|--------------------|
| Member | Bloomingdale Palms Property, LLC | 7115 North Ave, #256 | Oak Park, IL 60302 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

11. E-mail Address: donna@hybridgecre.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee 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 requirement of section 605.0012, 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 representative/member

Date

11/14/16

Daytime Phone #

(847) 441-4148

Typed or printed name of signing authorized representative/member

James B. Allen