

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 27 PM 11:02

DOCUMENT #

1. Limited Liability Company's Name

m99-521

B&W Realty Investors LLC

2. Principal Office Address

24460 Aurora Road

3. Mailing Office Address

same

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

City & State

Bedford Heights, OH

City & State

Zip

44146

Country

USA

Zip

Country

4. State/Country of Formation

Ohio

5. Date Organized or Qualified
To Do Business in Florida

4/8/99

6. FEI Number

34-1881081

Applied For

Not Applicable

7.

CERTIFICATE OF STATUS DESIRED ☐

\$3.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

CT Corporation System

800003456258-9

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

1200 South Pine Island Road

-11/07/00--01127--026

****150.00 ****150.00

Suite, Apt. #, Etc.

NA

City

Plantation

State

FL

Zip Code

33324

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

Joyce A. Gilbert

JOYCE A. GILBERT
ASSISTANT SECRETARY

Date 10/18/00

REGISTERED AGENT MUST SIGN

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
Manager	Armond Waxman	24460 Aurora Road	Bedford Heights, OH 44146
Manager	Melvin Waxman	24460 Aurora Road	Bedford Heights, OH 44146

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 in 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

Armond Waxman

Date 10/18/00

Daytime Phone# (440) 439-1830

Typed or printed name of signing Managing Member/Manager Armond Waxman

CR2E041 (9/00)