

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 OCT -2 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

DOCUMENT # L03000029106

1. Limited Liability Company's Name

BAZ LA LLC

BK

04

2. Principal Office Address - No P.O. Box #
12800 NE 3rd Avenue

3. Mailing Office Address
12800 NE 3rd Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, Florida

City & State
Miami, Florida

Zip
33161

Country

Zip
33161

Country

4. State/Country of Formation Florida

5. Date Organized or Qualified To Do Business in Florida 08/04/2003

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
GORAN MARIC

Street Address (P.O. Box Number is Not Acceptable)
12800 NE 3rd Avenue

Suite, Apt. #, Etc.

City
Miami

State
FL

Zip Code
33161

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, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent Goran Maric Goran Maric

Date _____

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
MGMRM	Frederick, Saul	12800 NE 3rd Avenue	Miami, Florida 33161
MGRST	Maric, Goran	12800 NE 3rd Avenue	Miami, Florida 33161

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REINSTATEMENT 2004-2007

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 Goran Maric

Date _____

Daytime Phone# _____

Typed or printed name of signing Managing Member/Manager **Goran Maric, Manager**