

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

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DOCUMENT # L99000007831

1. Limited Liability Company's Name

BUYER INFORMATION SERVICES LC

REINSTATEMENT 2000

2. Principal Office Address

2000 SAXON BLVD.

Suite, Apt. #, etc.

City & State

DELTONA FL

Zip

32725

Country

3. Mailing Office Address

2000 SAXON BLVD.

Suite, Apt. #, etc.

City & State

DELTONA FL

Zip

32725

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

NOV 15, 1999

6. FEI Number

59-3613301

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

JOHN A. PORTA

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

1390 W. PORTILLO DR.

Suite, Apt. #, Etc.

DELTONA

City

DELTONA

100003473561-2

-11/21/00--01119--002

****150.00 ****150.00

State

FL

Zip Code

32725

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

John A. Porta

REGISTERED AGENT MUST SIGN

Date

10/19/00

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
MGR MANAGER, MEMBER	HERBERT S. ZISCHKAU III	1248 BACHMAN AVE.	DELTONA, FL 32725

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

H. S. Zischkau

Date

10-24-000

Daytime Phone #

(904) 532-4132

Typed or printed name of signing Managing Member/Manager

HERBERT S. ZISCHKAU III

CR2E041 (9/00)