

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1982

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

2003 NOV 12 PM 12:33

DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA

DOCUMENT # M 01000000 314

1. Limited Liability Company's Name

BERMAR HOLDINGS, LLC

2. Principal Office Address

142 Lost Bridge Dr

Suite, Apt. #, etc.

3. Mailing Office Address

142 LOST BRIDGE DR

Suite, Apt. #, etc.

4. State/Country of Formation

NEVADA

5. Date Organized or Qualified To Do Business in Florida

JAN 2001

6. FEI Number

912095178

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

City & State Palm Beach Gardens FL

Zip 33410

Country USA

City & State Palm Beach Gardens FL

Zip 33410

Country USA

8. Name and Address of Current Registered Agent

Name

MARCIA HALPERN

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

142 LOST BRIDGE DR

Suite, Apt. #, Etc.

600024617096

11/12/03--01084--001 **50.00

City PALM BEACH GARDENS

State FL

Zip Code 33410

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

Marcia Halpern

REGISTERED AGENT MUST SIGN

Date

11/10/03

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
MGRM	MARCIA HALPERN	142 Lost Bridge Dr	PB 71 33410
MGRM	BERNARD MADDS	142 LOST BRIDGE DR	

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

Marcia Halpern

Date

11/10/03

Daytime Phone #

561-622-8560

Typed or printed name of signing Managing Member/Manager

MARCIA HALPERN

Documents never received, therefore I didn't file. Request fee beyond \$50 waived