

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2003 MAY -1 AM 8:23

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L00000002771

1. Limited Liability Company's Name

BIMA II, LLC

2. Principal Office Address

3033 N.E. 32nd Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

3033 N.E. 32nd Avenue

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip

33308

Country

USA

City & State

Ft. Lauderdale, FL

Zip

33308

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified

To Do Business in Florida 03/10/2000

6. FEI Number

65-0992513

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 H. Wile

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

3033 N.E. 32nd Avenue

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State

FL

Zip Code

33308

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

REGISTERED AGENT MUST SIGN

Date 4/28/03

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	John H. Wile	3033 N.E. 32nd Avenue	Ft. Lauderdale, FL 33308

REINSTATEMENT 2002-03

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

Date

4/28/03

Daytime Phone #

954-566.3044

Typed or printed name of signing Managing Member/Manager John H. Wile

CR2E041 (10/02)