

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
Apr 26, 2002 8:00
Secretary of State

DOCUMENT # L00000009046

1. Limited Liability Company's Name

BO-MA, LLC

2. Principal Office Address

17152 Mandy Lynn Court

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33496

Country

US

3. Mailing Office Address

17152 Mandy Lynn Court

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33496

Country

US

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

7/28/2000

6. FEI Number

☒

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

**\$500 Additional Fee required
for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street,

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

Grant D. Barber
REGISTERED AGENT MUST SIGN

Grant D. Barber
as its agent

Date **4/26/02**

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	Jane Yudell	17152 Mandy Lynn Court	Boca Raton, FL 33496

REINSTATEMENT

01/02
dec

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

Jane Yudell
manager

Date **4/24/02**

Daytime Phone #

Typed or printed name of signing Managing Member/Manager



ACCOUNT NO. : 072100000032

REFERENCE : 551145 4311473

AUTHORIZATION :

Patricia Pysht

COST LIMIT : \$ 200.00

ORDER DATE : April 26, 2002

ORDER TIME : 10:46 AM

ORDER NO. : 551145-005

CUSTOMER NO: 4311473

CUSTOMER: Ms. Jackie Gerstenfeld
Stearns Weaver Miller Weissler
Museum Tower, Suite 2200
150 West Flagler Street
Miami, FL 33130

DOMESTIC FILINGS

NAME: BO-MA, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON:

Deborah Schroder

EXAMINER'S INITIALS

RECEIVED
02 APR 26 AM 11:24
TALLAHASSEE, FLORIDA
CORPORATIONS