

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT OF THE DEPARTMENT OF STATE
Glendon S. Hood
Secretary of State
DIVISION OF CORPORATIONS
L01000010828

APPROVED AND FILED

03 NOV 24 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000010828

Name and Mailing Address

0004162 01 AT 0.292 **AUTO TB 0 0615 32935-211611



B.V.C., LLC
2885 ELECTRONICS DR., #1A
MELBOURNE FL 32935-2116

REINSTATEMENT 2003



CR2E034 (7/03)

2. New Mailing Address 2861 ELECTRONICS DRIVE		4. State/Country of Formation FL	
City, State, Zip MELBOURNE FL 32935-2116		5. Date Organized or Qualified To Do Business in Florida 07/01/2001	
Principal Place of Business 2885 ELECTRONICS DR., #1A MELBOURNE FL 32935	3. New Principal Place of Business Address 2861 ELECTRONICS DRIVE City, State, Zip MELBOURNE FL 32935	6. FEI Number 59-3702891	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent COWAN, ROBERT 2885 ELECTRONICS DR., #1A MELBOURNE FL 32935	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2861 ELECTRONICS DRIVE City MELBOURNE FL Zip Code 32935
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10. 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 [Signature] **SIGNATURE REQUIRED** Date 11/18/03

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	COWAN, ROBERT	2885 ELECTRONICS DR., #1A 2861 ELECTRONICS DRIVE	MELBOURNE FL 32935

000024950670
11/24/03--01024--010 **150.00

[Signature]

12. 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 terminated, 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 [Signature] **SIGNATURE REQUIRED** Date 11-18-03 Daytime Phone # 321-255-8300

Typed or printed name of signing Managing Member/Manager