FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JUN 13 AM 10: 53

**LIMITED LIABILITY COMPANY REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (8/05)

**DOCUMENT # L01000013545**

**1.** Limited Liability Company's Name

BISQUE-ITZ, LLC

| **2.** Principal Office Address | **3.** Mailing Office Address | **4.** State/Country of Formation |
|---|---|---|
| 2710-4th Street No | 2710-4th Street No | Florida |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | **5.** Date Organized or Qualified To Do Business in Florida  8/14/2001 |
| City & State  Saint Petersburg, FL | City & State  Saint Petersburg, FL | **6.** FEI Number  59-3738363    Applied For / Not Applicable |
| Zip 33704  Country USA | Zip 33704  Country USA | **7.** CERTIFICATE OF STATUS DESIRED ✓   $5.00 Additional Fee required for a Certificate of Status |

**8. Name and Address of Current Registered Agent**

Name
David A. Bacon, Esquire

Street Address (P.O. Box Number is Not Acceptable)
2959 First Avenue North

Suite, Apt. #, Etc.

| City  Saint Petersburg | State  FL | Zip Code  33713 |
|---|---|---|

**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 6-5-06

**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 | Floyd L. Bennett | 1864-69th Avenue South | Saint Petersburg, FL 33712 |
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REINSTATEMENT 04-06

**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.

(7271)

Signature of Managing Member/Manager _____ Date 6-5-06  Daytime Phone # 867-1526

Typed or printed name of signing Managing Member/Manager _____