PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

DIVISION OF CORPORATIONS

1. DOCUMENT #

Name and Mailing Address

L01000016172

FILED

2003 NOV 19 AM 10: 00

DIVIDION OF CORPORATIONS TALLAHASSEE, FLORIDA

0010406 01 AT 0,292 **AUTO H8 0 0615 33852-566442 BHRS, LLC 342 LAKE JUNE ROAD C/O VERONICA HAWTHORNE LAKE PLACID FL 33852-5664



							 	
2. New Mailing Address June Road					State/Country of Formation FL			
Lake Placid, FL 33852				5. Date Organized or Qualified To Do Business in Florida 09/20/2001				
	ASURE DRIVE., SUIT	New Principal Place of Business Address 15		6. FEI Number APPLIED FOR		Applied For Not Applicable		
NORTH BAY VILLAGE FL 33141		City, State, Zip		7. CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status				
8. Na i	me and Address of Current	Registered Agent	Name and Address of New Registered Agent					
			Name					
SCHOOLEY, 1635 N. BAY MIAMI FL 33		Street Address (P.O. Box Number			er is Not Acceptable)			
			City	Tity FL Zip Code			Zip Code	
Signature of Registered Agent 11. Names and Street	RE Addresses of Each Managing	GISTERED AGENT MUSICIGN Member/Manager	ED		Date/_/_/	/20	6 <u>3</u>	
Title(s)	Name of Managing Members/Managers		Street Address of Each Managing Member/Manager		City / State / Zip			
MGR HAWTHORNE, BRIAN		7601 E. TRE	7601 E. TREASURE DRIVE., SUITE 15		NORTH BAY VILLAGE FL 33141			
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				14.41.37	no0100201	35.45.I	.50.00	
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			RE	nstat	ewent_	2003	} 	
filing this reinstatem	ent application the reason ful- limited pompan have ath.	the receiver or trustee empowered dissolution has been eliminated, the empair The information indicated	limited liability cor d on this application	mpany name satisfie on is true and accura	s the requirements of se	ction 608.4 all have th	406, F.S., and that e same legal effect	