

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L01000020637

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jill Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # L01000020637
Name and Mailing Address

2002 NOV 15 AM 11:49

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

0003161 01 FP 0.352 **PRSR TO 0 0615 33308-361445
BEB HOLDINGS, L.L.C.
4545 BOUGAINVILLE DR.
LAUDERDALE BY THE SEA FL 33308-3614



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
3. New Principal Place of Business Address Principal Place of Business 4545 BOUGAINVILLE DR. LAUDERDALE BY THE SEA FL 33308 City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 11/30/2001	
8. Name and Address of Current Registered Agent ROY, DAVID R ESQ. 4209 N. FEDERAL HWY. POMPAÑO BEACH FL 33064		6. FEI Number Fed ID # 65-1578555 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		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 <i>[Signature]</i> Date 11-6-02 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
President	Benjamin Bourne	4545 Bougainville Dr.	Lauderdale by the Sea, FL 33308
300009014283 11/15/02--01013--010 **150.00			
REINSTATEMENT 2002			

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 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 *Benjamin Ernest Bourne* Date 11-6-02 Daytime Phone # 954-644-2780
Typed or printed name of signing Managing Member/Manager Benjamin Ernest Bourne

CR2E084 (8/02)