

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
Nov 04, 2003 8:00 A.M.
Secretary of State

1. DOCUMENT # L02000007696

Name and Mailing Address

0012430 01 AT 0.292 **AUTO T5 0 0615 33442-774425

LYONS TECH III, LLC

1096 EAST NEWPORT CENTER DRIVE, SUITE 100
DEERFIELD BEACH FL 33442-7744



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 04/01/2002	
Principal Place of Business 1096 EAST NEWPORT CENTER DRIVE, SUITE 100 DEERFIELD BEACH FL 33442	3. New Principal Place of Business Address City, State, Zip	6. FEI Number	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 BUTTERS, MALCOLM 1096 EAST NEWPORT CENTER DRIVE, SUITE 100 DEERFIELD BEACH FL 33442	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 REQUIRED** Date 10-29-03

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	MALCOLM BUTTERS	1096 E NEWPORT CENTER DRIVE, SUITE 100	DEERFIELD BEACH, FL 33442
		600017871466	
		03/02/03 01034 027	

12. I certify that I am managing member, manager, or 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 **SIGNATURE REQUIRED** Date 10-29-03 Daytime Phone # 9545708111

Typed or printed name of signing Managing Member/Manager

2082



BUTTERS
CONSTRUCTION
&
DEVELOPMENT

October 31, 2003

Florida Department of State
Division of Corporations
Registration Section
409 East Gaines Street
Tallahassee, Florida 32399

RE: Reinstatements

To whom it may concern:

I am attaching the following "Application for Reinstatement" forms:

L02000022232 BKSS Land, LLC

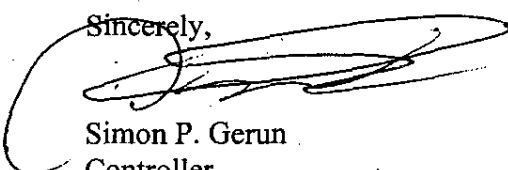
L02000007697 Lyons Tech II, LLC

L02000007696 Lyons Tech III, LLC

Please be advised that we never received the June 9, 2003 letters from your office requesting additional information to be included on our original Annual Report filings. Per my conversation with your staff, since we never received the aforementioned letters from your office, no additional fees are due to reinstate these three LLCs.

Should you have any questions in this matter please calmly office.

Sincerely,



Simon P. Gerun
Controller

Enclosures

1096 EAST NEWPORT
CENTER DRIVE
SUITE 100
DEERFIELD BEACH
FLORIDA 33442
TEL: 954.570.8111
FAX: 954.570.8844
BUTTERS.COM