

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

10/2
FILED
Nov 04, 2003 8:00 A.M.
Secretary of State

1. DOCUMENT # L02000007697

Name and Mailing Address

0012419 01 AT 0.292 **AUTO T5 0 0615 33442-774425



LYONS TECH II, LLC
1096 EAST NEWPORT CENTER DRIVE, SUITE 100
DEERFIELD BEACH FL 33442-7744



2. New Mailing Address

City, State, Zip

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

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida

04/01/2002

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$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

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

REGISTERED AGENT MUST SIGN

Date 10-29-03

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
Mrs	MALCOLM BUTTERS	1096 E NEWPORT CENTER DRIVE, SUITE 100	DEERFIELD BEACH, FL 33442

12. I certify that I am managing member/manager, 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

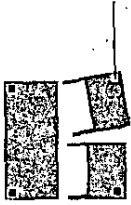
SIGNATURE REQUIRED

Date 10-29-03

Daytime Phone # 214 570 8111

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

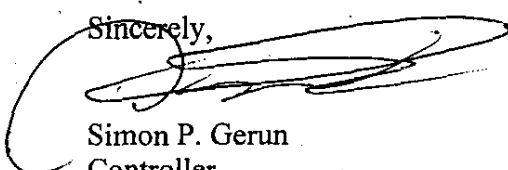
L02000007697 Lyons Tech II, LLC

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