

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  
03 OCT 28 PM 5:14  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1. DOCUMENT # L02000007863  
Name and Mailing Address

0007216 01 AT 0.292 \*\*AUTO T7 0 0615 33169-603599  
BMS PARTNERS, LLC  
16400 NW 2ND AVE.  
MIAMI FL 33169-6035



10/28 2003

2. New Mailing Address 4101 DAVIE ROAD EXTENSION City, State, Zip DAVIE, FLORIDA 33024		4. State/Country of Formation FL	
Principal Place of Business 16400 NW 2ND AVE. MIAMI FL 33169		5. Date Organized or Quantified To Do Business in Florida 04/03/2002	
3. New Principal Place of Business Address 4101 DAVIE ROAD EXT. City, State, Zip DAVIE, FLA. 33024		6. FEI Number 01-0650833 Applied For Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent SIMON, GARY P 9100 SO. DADELAND BLVD., SUITE 504 MIAMI FL 33156		9. Name and Address of New Registered Agent Name MARC A. OSHEROFF Street Address (P.O. Box Numbers Not Acceptable) 16400 N.W. 2ND AVE SUITE # 203 City MIAMI FL Zip Code 33169	
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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] REGISTERED AGENT MUST SIGN Date 10/21/03

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
m/m	MARC A. OSHEROFF	4101 DAVIE ROAD EXTENSION	DAVIE, FLORIDA 33024
m/m	SAM NEHME	4101 DAVIE ROAD EXTENSION	DAVIE, FLORIDA 33024
m/m	DALE S. KATZ	4101 DAVIE ROAD EXTENSION	DAVIE, FLORIDA 33024

700024897747  
11/21/03-01007-003 \*\*155.00  
**REINSTATEMENT 2003**

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 [Signature] Date 10/21/03 Daytime Phone # 305-940-6645  
Typed or printed name of signing Managing Member/Manager MARC A. OSHEROFF

CR20034 (7/03)