

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

L02000010362
**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 FEB -5 PM 1:06
L02/20/04

DOCUMENT # L02000010362

1. Limited Liability Company's Name

Bum Ilc

REINSTATEMENT 2003-2004

900028276099
02/05/04--01030--002 **205.00

2. Principal Office Address

2135 NE 2nd drive

Suite, Apt. #, etc.

City & State

boca raton florida

Zip

33431

Country

usa

3. Mailing Office Address

2135 ne 2nd drive

Suite, Apt. #, etc.

City & State

boca raton florida

Zip

33431

Country

usa

4. State/Country of Formation

florida

5. Date Organized or Qualified
To Do Business in Florida

January 2002

6. FEI Number

81-0546307

☒ 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

Name

Jason Neitzel

Street Address (P.O. Box Number is Not Acceptable)

2135 NE 2nd drive

Suite, Apt. #, Etc.

City

boca raton

State
FL

Zip Code
33431

9. 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

REGISTERED AGENT MUST SIGN

Date 1/30/04

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MR R	Michael Gordon	333 NE 19 Ave #401	Deerfield Beach, FL 33441
MR R	Jason Neitzel	2135 NE 2nd Drive	Boca Raton, FL 33431

REINSTATEMENT

2003-2004

11. 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

Date 1/30/04

Daytime Phone # 754-224-9543

Typed or printed name of signing Managing Member/Manager Jason Neitzel & Michael Gordon

CR2E041 (10/02)