

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 10 AM 10:53

1. DOCUMENT # L02000019240

Name and Mailing Address

0008952 01 AT 0.292 **AUTO T2 0 0615 33328-381711



BRR PROVIDENCE, L.L.C.
4611 S. UNIVERSITY DRIVE
424
DAVIE FL 33328-3817



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 08/01/2002	
Principal Place of Business 4611 S. UNIVERSITY DRIVE # 424 DAVIE FL 33328	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 030478668	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 RIZVI, IQTIDAR 4611 S. UNIVERSITY DRIVE # 424 DAVIE FL 33328	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 600024563386 11/10/03--U1095--007 **155.00 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 *Glenda E. Hood* **SIGNATURE REQUIRED** Date 11/2/03

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
MGRM	KAZMI, NAYYAR R	22449 MIDDLETOWN DRIVE	BOCA RATON FL 33428
MGRM	RIZVI, IQTIDAR	4611 S. UNIVERSITY DRIVE	DAVIE FL 33328
MGRM	KAZMI, SYED A	199 LONGLEAF DRIVE	BLANDON PA 18510

REINSTATEMENT

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 *Glenda E. Hood* **SIGNATURE REQUIRED** Date 11/2/03 Daytime Phone # (954) 608-9721

Typed or printed name of signing Managing Member/Manager