



2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
05 FEB 25 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000021006 1. Entity Name BUILDER REVENUE OF FLORIDA, LLC					
Principal Place of Business 225 MILLBURN AVENUE, SUITE 210 MILLBURN, NJ 07041		Mailing Address 225 MILLBURN AVENUE, SUITE 210 MILLBURN, NJ 07041			
2. Principal Place of Business		3. Mailing Address		01262005 REIN-LLC CR2E101 (6/04)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 71-0900449	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION COMPANY OF MIAMI C/O DAVID B. MCCREA 201 S. BISCAYNE BLVD., SUITE 1500(DBM) MIAMI, FL 33131			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		
			Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$200.00					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUILDER REVENUE, INC.		NAME		
STREET ADDRESS	225 MILLBURN AVENUE, SUITE 210		STREET ADDRESS		
CITY-ST-ZIP	MILLBURN, NJ 07041		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Brian M. Stolar	
STREET ADDRESS			STREET ADDRESS	225 Millburn Ave. Suite 210	
CITY-ST-ZIP			CITY-ST-ZIP	Millburn NJ 07041	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
<p>REINSTATEMENT 2004-2005</p> <p>400047581464 03/02/05--01009--015 **200.00</p>					
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u>Brian M. Stolar</u>		SIGNATURE: <u>Brian M. Stolar</u>		Date: <u>2/11/05</u> 973-379-1900	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	