

L02000021006

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT -1 PM 12:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # L02000021006

1. Limited Liability Company's Name
BUILDER REVENUE OF FLORIDA, LLC
9/26/03

2. Principal Office Address 225 Milburn Avenue		3. Mailing Office Address 225 Milburn Avenue	
Suite, Apt. #, etc. Suite 210		Suite, Apt. #, etc. Suite 210	
City & State Milburn, NJ		City & State Milburn, NJ	
Zip 07041	Country USA	Zip 07041	Country USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida
8/16/2002

6. FEI Number 71-0900449
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
Corporation Company of Miami

Street Address (P.O. Box Number is Not Acceptable)
201 S. Biscayne Blvd.,

Suite, Apt. #, Etc.
Suite 1500 (DBM)

City
Miami

State
FL

Zip Code
33131

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 *[Signature]* **Felicia Hirkey, Asst Secretary** Date **9-30-03**

REGISTERED AGENT MUST SIGN *of C.C.O.M.*

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
	Builder Revenue, Inc.	225 Milburn Ave. Suite 210	Milburn, NJ 07041
REINSTATEMENT 2003			
<i>BK</i>			

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 *[Signature]* Date **10/1/03** Daytime Phone # **973-379-1900**

Typed or printed name of signing Managing Member/Manager **Brian M. Stolar, CEO, Builder Revenue, Inc.**

CR2004 (10/02)