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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**L02000024954**

1. DOCUMENT # L02000024954

04 APR -7 PM 12:59

Name and Mailing Address

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BJR CONSULTING, LLC

1335 ST TROPEZ CIR.

#102

WESTON FL 33326-3025

**REINSTATEMENT** 2003-2004



2. New Mailing Address <b>574 Lakeside Cir</b>		4. State/Country of Formation FL	
City, State, Zip <b>Sunrise FL 33326</b>		5. Date Organized or Qualified To Do Business in Florida 09/24/2002	
Principal Place of Business 1335 ST TROPEZ CIR. #102 WESTON FL 33326	3. New Principal Place of Business Address <b>574 Lakeside Cir</b> City, State, Zip <b>Sunrise FL 33326</b>	6. FEI Number <b>02-0520530</b>	Applied For Not Applicable
8. Name and Address of Current Registered Agent  ROMANELLO, BRUCE J 1335 ST. TROPEZ CIR #102 WESTON FL 33326		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name <b>Romanello, Bruce J.</b> Street <b>574 Lakeside Circle</b> City <b>Sunrise</b> FL <b>33326</b>			
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 <b>REQUIRED</b> Date <b>2/24/04</b> 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
MGR	ROMANELLO, BRUCE J	<del>1335 ST. TROPEZ CIR. #102</del> <b>574 Lakeside Cir</b>	<del>WESTON FL 33326</del> <b>Sunrise FL 33326</b>
MGR in BR	Romanello, MaryAnn	<b>574 Lakeside Cir</b>	<b>Sunrise FL 33326</b>
		400032250484 04/09/04--01014--016 **200.00	
<b>REINSTATEMENT</b>		<b>2003-2004</b>	
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		Date <b>2/24/04</b>	Daytime Phone # <b>954-358-6924</b>
Typed or printed name of signing Managing Member/Manager			

CR2E084 (7/03)