

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT # L03000024051

1. Limited Liability Company's Name  
**BIEDGE CONSULTING, LLC**

2. Principal Office Address  
**2929 Banyan Blvd. Cir. NW**

3. Mailing Office Address  
**2929 Banyan Blvd. Cir. NW**

Suite, Apt. #, etc.

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City & State  
**Boca Raton, Florida**

City & State  
**Boca Raton, Florida**

Zip Country  
**33431 USA**

Zip Country  
**33431 USA**

4. State/Country of Formation  
**Florida**

5. Date Organized or Qualified To Do Business in Florida  
**7/1/2003**

6. FEI Number **61-1453072** 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  
**Joseph Mastro**

Street Address (P.O. Box Number is Not Acceptable)  
**2929 Banyan Blvd. Circle NW**

Suite, Apt. #, Etc.

City  
**Boca Raton,**

State Zip Code  
**FL 33431**

REINSTATEMENT 04-05

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]*  
REGISTERED AGENT MUST SIGN

Date  
**4/9/05**

**10. Names and Street Addresses of Managing Members/Managers**

| Titles | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager |                      |
|--------|-----------------------------------|--|----------------------|
| MGM    | Joseph Mastro                     | 2929 Banyan Blvd. Circle NW                    | Boca Raton, FL 33431 |
|        |                                   |  |                      |
|        |                                   |  |                      |
|        |                                   |  |                      |
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|        |                                   |  |                      |

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City/State 04/05-017 \*\*05.00  
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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 **4/9/05** Daytime Phone # **561-241-9687**

Typed or printed name of signing Managing Member/Manager  
**Joseph Mastro**

CR2E041 (10/02)