

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

05 JUL 25 AM 9:53

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.

City & State
Boca Raton, Florida

City & State
Boca Raton, Florida

Zip Country
33431 USA

Zip Country
33431 USA

Handwritten initials

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
FL

Zip Code
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]* Date **4/9/05**

REGISTERED AGENT MUST SIGN

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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07/29/05
City/State 04/05-017
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**05.00

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)