

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 MAY 14 P 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000034204

1. Limited Liability Company's Name

BMA, LLC

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # 613 NE Emerson Street Suite, Apt. #, etc.		3. Mailing Office Address 613 NE Emerson Street Suite, Apt. #, etc.	
City & State Port St. Lucie, Florida		City & State Port St. Lucie, Florida	
Zip 34983	Country USA	Zip 34983	Country USA

4. State/Country of Formation FL	
5. Date Organized or Qualified To Do Business in Florida 09-10-2003	
6. FEI Number 650718523	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name William A. Solomon			
Street Address (P.O. Box Number is Not Acceptable) 613 NE Emerson Street			
Suite, Apt. #, Etc.			
City Port St. Lucie	State FL	Zip Code 34983	

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

William Solomon

REGISTERED AGENT MUST SIGN

Date **4-28-08**

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	William A. Solomon	613 NE Emerson Street	Port St. Lucie, FL 34983

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REINSTATEMENT 06-08

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

William Solomon

Date **4-28-08**

Daytime Phone # **772 834 8450**

Typed or printed name of signing Managing Member/Manager **William A. Solomon**