

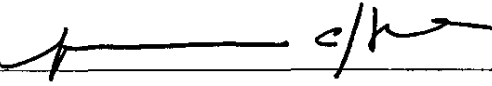


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L03000040981			
1. Limited Liability Company's Name BSEE, LLC.			
2. Principal Office Address 7251 BISCAYNE BLVD. Suite, Apt. #, etc.		3. Mailing Office Address 7251 BISCAYNE BLVD. Suite, Apt. #, etc.	
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA	
Zip 33138	Country USA	Zip 33138	Country USA
4. State/Country of Formation FLORIDA		5. Date Organized or Qualified To Do Business in Florida OCT. 24, 2003	
6. FEI Number		<input checked="" 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 CHARLES S. SERFATY, ESQ.			
Street Address (P.O. Box Number is Not Acceptable) 4340 SHERIDAN STREET			
Suite, Apt. #, Etc. SECOND FLOOR			
City HOLLYWOOD		State FL	Zip Code 33021
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 		Date 10/4/04	
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	City / State / Zip
MGRM	NICOLE SUISSA	1204 N.E. 91ST STREET MIAMI SHORES, FLORIDA 33138	
MGRM	MESSOD ELLOUK	7251 BISCAYNE BLVD.	MIAMI, FL 33138
MGRM	PIERRE NAKACHE	175 BAL CROSS DR.	BAL HARBOUR, FL 33154
REINSTATEMENT 2004			
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 		Date 10/4/04 Daytime Phone # 954-894-9449	
Typed or printed name of signing Managing Member/Manager MESSOD ELLOUK			

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CR2E041 (10/02)