

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM
 FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

**LIMITED LIABILITY
 COMPANY
 REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

06 SEP 29 AM 10:55

DOCUMENT # L04000012821

1. Limited Liability Company's Name

B.S.A., LLC

800080308038
 09/29/06--01054--004 **100.00

CR2E041 (8/05)

2. Principal Office Address
 111 E HIBISCUS BLVD

3. Mailing Office Address
 PO BOX 33428

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 MELBOURNE, FL

City & State
 INDIALANTIC, FL

Zip Country
 32901 US

Zip Country
 32903 US

4. State/Country of Formation

5. Date Organized or Qualified
 To Do Business In Florida

6. FEI Number

☒ 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
 EMRAN IMAMI

Street Address (P.O. Box Number is Not Acceptable)
 111 EAST HIBISCUS BLVD

Suite, Apt. #, Etc.

City
 MELBOURNE

State Zip Code
 FL 32901

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

Emran Imami
 REGISTERED AGENT MUST SIGN

Date 09/26/2006

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
MGMR	EMRAN IMAMI	111 EAST HIBISCUS BLVD	MELBOURNE FL 32901

REINSTATEMENT 05-06

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 608.403, 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

Emran Imami

Date 09/26/2006 Daytime Phone # 321-960-0246

Typed or printed name of signing Managing Member/Manager EMRAN IMAMI

DATE: Tuesday, September 26, 2006

TO: DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FROM: EMRAN IMAMI
B.S.A., LLC

WE DID NOT RECEIVE FROM YOU THE UNIFORM BUSINESS REPORT BY
MAIL.

PLEASE FILE OUR ANNUAL REPORT AND DO **NOT** CHARGE THE PENALTY.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US AT 321-960-0246

THANKS,

X



EMRAN IMAMI, MGRM
B.S.A., LLC