




PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS																				
DOCUMENT # L 04000032967																						
1. Limited Liability Company's Name <div style="text-align: center; font-size: 1.2em;">Unit II JAH BSP, LLC c/o JoAnn Hoffman</div>																						
2. Principal Office Address - No P.O. Box # 4403 W. Tradewinds Ave	3. Mailing Office Address Suite, Apt. #, etc.																					
Suite, Apt. #, etc.	Suite, Apt. #, etc.																					
City & State Lauderdale by the Sea, FL 33308	City & State Lauderdale by the Sea, FL 33308																					
Zip 33308	Country Broward	Zip 33308																				
4. State/Country of Formation Florida																						
5. Date Organized or Qualified To Do Business in Florida 1-1-05																						
6. FEI Number 20-1115253		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: JoAnn Hoffman Street Address (P.O. Box Number is Not Acceptable): 4403 W. Tradewinds Ave Suite, Apt. #, Etc.: City: Lauderdale by the Sea, State: FL, Zip Code: 33308																						
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: 6-26-08 <div style="text-align: center; font-weight: bold;">REGISTERED AGENT MUST SIGN</div>																						
10. Names and Street Addresses of Managing Members/Managers <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Titles</th> <th style="width: 30%;">Name of Managing Members/Managers</th> <th style="width: 30%;">Street Address of Each Managing Member/Manager</th> <th style="width: 30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>MGR</td> <td>JoAnn Hoffman</td> <td>4403 W. Tradewinds Ave</td> <td>Lauderdale by the Sea, FL 33308</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip	MGR	JoAnn Hoffman	4403 W. Tradewinds Ave	Lauderdale by the Sea, FL 33308												
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip																			
MGR	JoAnn Hoffman	4403 W. Tradewinds Ave	Lauderdale by the Sea, FL 33308																			
<div style="text-align: right; font-weight: bold;">700131675757</div> <div style="text-align: right;">06/25/08--01019--003 **416.25</div> <div style="text-align: center; font-size: 1.5em; font-weight: bold;">REINSTATEMENT</div> <div style="text-align: right; font-size: 1.5em; font-weight: bold;">06-08 6/26/08</div>																						
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: 6/26 Daytime Phone: 954-772-2644 Typed or printed name of signing Managing Member/Manager: JoAnn Hoffman																						