
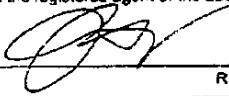



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS		FILED 08 JUN 25 PM 12: 58 SECRETARY OF STATE TALLAHASSEE, FLORIDA CR2E041 (12/07)	
<b>DOCUMENT # L 04000032967</b> 1. Limited Liability Company's Name <p style="text-align: center;">Unit 11 JAH BSP, LLC c/o JoAnn Hoffman</p>					
2. Principal Office Address - No P.O. Box # <b>4403 W. Tradewinds Ave</b> Suite, Apt. #, etc.		3. Mailing Office Address Suite, Apt. #, etc.			
City & State <b>Lauderdale by the Sea, FL 33308</b>		City & State City & State		4. State/Country of Formation <b>Florida</b>	
Zip <b>33308</b>		Country <b>Broward</b>		5. Date Organized or Qualified To Do Business in Florida <b>1-1-05</b>	
6. FEI Number <b>20-1115253</b>		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 <b>JoAnn Hoffman</b> Street Address (P.O. Box Number is Not Acceptable) <b>4403 W. Tradewinds Ave</b> Suite, Apt. #, Etc. City <b>Lauderdale by the Sea</b> State <b>FL</b> Zip Code <b>33308</b>				<input checked="" type="checkbox"/> 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  Date <b>6-26-08</b> 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	
MGR	JoAnn Hoffman	4403 W. Tradewinds Ave		Lauderdale by the Sea FL 33308	
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<b>REINSTATEMENT</b> <b>06-08</b> <b>6/26/08</b>					
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 <b>6/26</b>		Daytime Phone# <b>954-772-2644</b>	
Typed or printed name of signing Managing Member/Manager <b>JoAnn Hoffman</b>					