## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

	TEE TO THOU HOLD DET ONE C	SOM ELTING THIS TOTAL.
LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  11 JUL 12 AM 10: 33
DOCUMENT # LO40	000 42911	11 30C 12 HI10-33
1. Charles of the state of a second state of		
BESIM LLC	P'-00	
6950 112th Cucle		;
Largo, If,	33773	CR2F044 (444)
2. Principal Office Address - No P O Box #	3. Mailing Office Address	CR2E041 (1/11)
	12435 13764	4. State/Country of Formation
Suite Apt, #, etc	Suite, Apt #, etc	Florida  5. Date Organized or Qualified
City & State	City & State	To Do Business in Florida 4/24/04
Largo 26	Largo H	6. FEI Number Applied For Not Applied
Zip Country	Zip Country	7. \$5.00 additional Foo requi
33773 USAT	132/13 USA	CERTIFICATE OF STATUS DESIRED (for a Certificate of Statu
8. Name and Address of	Current Registered Agent	
Bervand L	imon	E-mail Address:
Street Address (P.O. Box Number is Not Acceptable  2/4 (7ES+W00)		<b>60</b> 0209889076 07/12/1101011018 **1071.25
Suite, Apt #/Etc		01/12/1101011010 ***10/1.25
City	State Zip Code	(To be used for future angual report nation
LARGO	FL 33770	(10 be used for future affidal report notices
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	Of Simon!	6/30/4
Registered Agent	EGIST AND AGENT MUST SIGN	Date
10. Names and Street Addresses of Managing Me	mbers/Managers	
	( ) 24/ 6 c/ 100	D/11 / 100 70 3000
MEL DINARD L	l l	2N 2A1000 9 33110
MBR IACK W. Beg	Le 4170 Harby Hi	157 LARG H 33770
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REINSTATEMENT	2005-201	
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filing this reinstatement application the reason to all fees owed by the limited liability company ha	or dissolution has been eliminated, the limited liability con we been paid. The information indicated on this applicatio	npany name satisfies the requirements of section 608 406, F.S., and then is true and accurate, and my signature shall have the same legal eff
9. I, being appointed the registered agent of the above named limited hability company, am familiar with and accept the obligations of Chapter 608, F.S.  Signature of Registered Agent Pagent Must Sign  10. Names and Street Addresses or Managing Mombers/Managers  Name of Street Address of Each		
Member/Manager Sem   1 / Mu Date 6/30/ Daytime Phone # 727-534-4500		
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