


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 APR -7 PM 1:39

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

REINSTATEMENT 2008-10 8PM

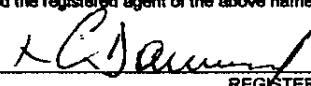
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CR2ED41 (11/09)

DOCUMENT # L04000047561			
1. Limited Liability Company's Name B 2 C STAIRCASE LLC			
2. Principal Office Address - No P.O. Box # 615 WHITNEY AVE		3. Mailing Office Address SAME AS No. 2	
Suite, Apt. #, etc. 6		Suite, Apt. #, etc.	
City & State LANTANA FL		City & State	
Zip 33462	Country USA	Zip	Country

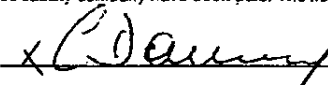
4. State/Country of Formation FL USA	
5. Date Organized or Qualified To Do Business in Florida 6-24-2004	
6. FEI Number 592824982	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name DANOIS CAMEAUX			
Street Address (P.O. Box Number is Not Acceptable) 615 WHITNEY AVE, SUITE 6			
Suite, Apt. #, Etc. 6			
City LANTANA	State FL	Zip Code 33462	

☒ 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 3/23/2010
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
M.G. R.M.	DANOIS CAMEAUX	615 WHITNEY AVE SUITE 6, LANTANA FL 33462	LANTANA FL 33462

11. E-mail Address:	
12. 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 3/23/2010
Typed or printed name of signing Managing Member/Manager	

Daytime Phone # 561-582-7845