

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000048976 1. Entity Name B.I.P. HOLDINGS, L.L.C.				FILED 07 OCT -5 PM 3: 25 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 6071 VIA VENETIA NORTH DELRAY BEACH, FL 33484		Mailing Address 6071 VIA VENETIA NORTH DELRAY BEACH, FL 33484			
2. Principal Place of Business - No P.O. Box # 1124 San Michele Way Suite, Apt. #, etc.		3. Mailing Address 1124 San Michele Way Suite, Apt. #, etc.			
City & State Palm Beach Gardens, FL Zip 33418 Country		City & State Palm Beach Gardens, FL Zip 33418 Country		09262007 REIN-LLC CR2E101 (1/07)	
4. FEI Number 55-0878279		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PAPA, MICHAEL 6071 VIA VENETIA NORTH DELRAY BEACH, FL 33484		7. Name and Address of New Registered Agent Name Michael Papa Street Address (P.O. Box Number is Not Acceptable) 1124 San Michele Way City Palm Beach Gardens FL Zip Code 33418			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE 9/26/07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$50.00 After January 1, 2008, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO PAPA, MICHAEL 6071 VIA VENETIA NORTH DELRAY BEACH, FL 33484	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Michael Papa 1124 San Michele Way Palm Beach Gardens, FL 33418	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300110182873 10/02/07--01038--023 **50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:			Date 9/26/07 Daytime Phone #		