

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000065807

1. Limited Liability Company's Name

BMAC Marketing Group LLC

2. Principal Office Address - No P.O. Box #

100 Cape Point Circle

Suite, Apt. #, etc.

City & State

Jupiter FL

Zip

33477

Country

USA

3. Mailing Office Address

224 East 21st Street

Suite, Apt. #, etc.

4E

City & State

New York NY

Zip

10010

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

September 3, 2004

6. FEI Number

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Rosemary McCarthy

Street Address (P.O. Box Number is Not Acceptable)

100 Cape Point Circle

Suite, Apt. #, Etc.

City

Jupiter FL

State

FL

Zip Code

33477

☒ 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

Rosemary McCarthy
REGISTERED AGENT MUST SIGN

Date July 7, 2008

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
MGRM	Rosemary McCarthy	224 East 21st Street 4E	New York NY 10010
			400133026964
			07/16/08--01037--002 **421.25

REINSTATEMENT

06-08 *AB*

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

Rosemary McCarthy
Rosemary McCarthy

Date July 7, 2008

Daytime Phone # 917-553-0277

Typed or printed name of signing Managing Member/Manager