FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR -7 AM 10: 10

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000075455

1. Entity Name
BMJ, LLC

Principal Place of Business	Mailing Address
401 ROSERY RD NE. # 849 LARGO, FL 33770 US	401 ROSERY RD NE. # 849 LARGO, FL 33770 US

03242006 REIN-LLC CR2E101 (11/05)

2. Principal Place of Business	3. Mailing Address
1824 Sunset Pt. Rd	1824 Sunset Pt. Rd.
Suite, Apt. #, etc.: # K	Suite, Apt. #, etc.: # K
City & State: Clearwater FL	City & State: Clearwater FL
Zip: 33765 Country: US	Zip: 33765 Country: US

4. FEI Number ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

JANKOVICH, MELINDA
401 ROSERY RD NE.
849
LARGO, FL 33770

7. Name and Address of New Registered Agent

Name: Jankovich Melinda
Street Address (P.O. Box Number is Not Acceptable): 1824 Sunset Point Road # K
City: Clearwater **FL** Zip Code: 33765

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $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	MGR JANKOVICH, MELINDA 401 ROSERY RD NE. # 849 LARGO, FL 33770	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Jankovich Melinda 1824 Sunset Point Road # K Clearwater FL 33765	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	300070456583 04/14/06--01041--012 **100.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MISC STATEMENT 05-06	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Melinda Jankovich 03/28/06 727-729-7235
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #