

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 OCT -8 AM 11:42

DOCUMENT # L04000076171

1. Limited Liability Company's Name

AVVA-BC, LLC.

900110745989
10/12/07--01071--015 **250.00

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # 565 NW 24TH ST.		3. Mailing Office Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, FL		City & State	
Zip 33127	Country USA	Zip	Country

4. State/Country of Formation	
5. Date Organized or Qualified To Do Business in Florida Oct. 21, 2004	
6. FEI Number	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> 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
BC Collection Int'l., LLC.

Street Address (P.O. Box Number is Not Acceptable)
565 NW 24TH ST.

Suite, Apt. #, Etc.

City
Miami

State
FL

Zip Code
33127

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 [Signature] Date 10/02/2007

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
MGRM	Isaac Tordjman	565 NW 24TH ST.	Miami, FL 33127
MGRM	Moises Zaga	565 NW 24TH ST.	Miami, FL 33127
MGRM	Yehuda Cohen	565 NW 24TH ST.	Miami, FL 33127
MGRM	Asaf Danieli	565 NW 24TH ST.	Miami, FL 33127
REINSTATEMENT			

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 [Signature] Date 10/02/07 Daytime Phone # 305.576.9331

Typed or printed name of signing Managing Member/Manager **Mr. Asaf Danieli**