

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

06 SEP 19 PM 4:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L04000077944**

1. Limited Liability Company's Name

BSC SOUTH, LLC

05

nyk

CR2E041 (8/05)

2. Principal Office Address

Attn: Herbert Wright, 441 Village Lane

Suite, Apt. #, etc.

City & State

Vero Beach, FL

Zip

32963

Country

US

3. Mailing Office Address

Attn: H. Wright-Benefit Service, 133 Prospect St

Suite, Apt. #, etc.

City & State

Westfield, NJ

Zip

07090

Country

US

4. State/Country of Formation  
Florida

5. Date Organized or Qualified  
To Do Business in Florida October 26, 2004

6. FEI Number  
13-4342935

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

NRAI Services, Inc.

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

2731 Executive Park Drive

Suite, Apt. #, Etc.

Suite 4

City

Weston

State

FL

Zip Code

33331

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.

NRAI Services, Inc.

Signature of  
Registered Agent by:

*Patricia M. Rice*

Date

9/19/06

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	Herbert H. Wright	954 So. Lagoon Lane	Mantoloking, NJ 08738
Secy	Martha T. Wright	954 So. Lagoon Lane	Mantoloking, NJ 08738

REINSTATEMENT 2005-2006

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

*Herbert H. Wright*

Date 9/18/06

Daytime Phone # 908-232-9244

Typed or printed name of signing Managing Member/Manager Herbert H. Wright