
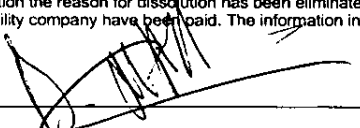


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		<div style="border: 1px solid black; padding: 5px; transform: rotate(-15deg); display: inline-block;">FILED 08 OCT 30 PM 3:58 TALLAHASSEE</div> CR2E041 (10/08)	
DOCUMENT # 206000004387					
1. Limited Liability Company's Name <div style="font-size: 1.5em; font-family: cursive;">BYP LLC</div>					
2. Principal Office Address - No P.O. Box # 7000 Island Blvd Suite, Apt. #, etc. 1705 City & State Aventura FL Zip 33160 Country USA		3. Mailing Office Address 7000 Island Blvd Suite, Apt. #, etc. 1705 City & State Aventura FL Zip 33160 Country USA		4. State/Country of Formation	
				5. Date Organized or Qualified To Do Business in Florida 01/12/2006	
				6. FEI Number 204095604 <input type="checkbox"/> Applied For <input 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: Brigitte NAMER Street Address (P.O. Box Number is Not Acceptable) 7000 Island Blvd # 1705 Suite, Apt. #, Etc. 1705 City Aventura State FL Zip Code 33160				<input type="checkbox"/> 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 _____ Date _____ 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		
Mgr	Patrick Lellouche	7000 Island Blvd #1705	Aventura FL 33160		
Mgr	Brigitte NAMER	7000 Island Blvd #1705	Aventura FL 33160		
<div style="border: 1px solid black; padding: 10px; transform: rotate(180deg); display: inline-block;">REINSTATEMENT 2008</div> <div style="float: right; text-align: right;">200137469497 10/30/08--01009--022 **238.75</div>					
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  Date 10/28/2008 Daytime Phone # (786) 2677320					
Typed or printed name of signing Managing Member/Manager _____					