


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 JAN 28 PM 3: 56

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L06000081419

1. Limited Liability Company's Name

BSHARMA, LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 1808 E SILVER SPRINGS BLVD.		3. Mailing Office Address 115-11 SUTTER AVENUE		4. State/Country of Formation FLORIDA	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Date Organized or Qualified To Do Business in Florida	
City & State OCALA, FLORIDA		City & State SOUTH OZONE PARK, NEW YORK		6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip 34470	Country US	Zip 11420	Country US	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 BHOJNARINE SHARMA					
Street Address (P.O. Box Number is Not Acceptable) 1808 E SILVER SPRINGS BLVD.					
Suite, Apt. #, Etc.					
City OCALA		State FL	Zip Code 34470		

☒ 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 Bhojnarine Sharma
REGISTERED AGENT MUST SIGN

Date December 16, 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
MGMR	BHOJNARINE SHARMA	1808 E SILVER SPRINGS BLVD.	OCALA, FLORIDA 34470
MGMR	CHANDRA WATIE SHARMA	1808 E SILVER SPRINGS BLVD.	OCALA, FLORIDA 34470
			700139916777 01/07/09--01053--008 **277.50
			700139916777 02/11/09--01005--008 **138.75

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 Chandra Watie Sharma Date 12/16/2008 Daytime Phone # 917-517-9207

Typed or printed name of signing Managing Member/Manager CHANDRA WATIE SHARMA

6009-1300

416.25