

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000090569

Entity Name: BSTRAPS, LLC

FILED
Oct 27, 2007
Secretary of State

Current Principal Place of Business:

3023 SOUTH EMERSON STREET
TAMPA, FL 33629 US

New Principal Place of Business:

826 S EDISON AVE
TAMPA, FL 33606 US

Current Mailing Address:

3023 SOUTH EMERSON STREET
TAMPA, FL 33629 US

New Mailing Address:

405 S DALE MABRY
SUITE 361
TAMPA, FL 33609 US

FEI Number: 20-5576182

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLUMENTHAL, JAMIE
3023 SOUTH EMERSON STREET
TAMPA, FL 33629 US

Name and Address of New Registered Agent:

BLUMENTHAL, JAMIE
826 S EDISON AVE
TAMPA, FL 33606 US

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.

SIGNATURE: JAMIE BLUMENTHAL

10/27/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BLUMENTHAL, JAMIE
Address: 3023 SOUTH EMERSON STREET
City-St-Zip: TAMPA, FL 33629 US

Title: MGRM () Delete
Name: MILLER, MICHELE
Address: 3023 SOUTH EMERSON STREET
City-St-Zip: TAMPA, FL 33629 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BLUMENTHAL, JAMIE
Address: 826 S EDISON AVE
City-St-Zip: TAMPA, FL 33606 US

Title: MGRM (X) Change () Addition
Name: MILLER, MICHELE
Address: 405 S DALE MABRY
City-St-Zip: TAMPA, FL 33609 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMIE BLUMENTHAL

OWNE

10/27/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date