


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**

**10 MAR 16 PM 12:08**

**DOCUMENT #** L06000110904

1. Limited Liability Company's Name

BSSR COMMUNICATIONS LLC

600171859966  
03/11/10--01002--021 \*\*660.00  
CRZE04T (11/09)

2. Principal Office Address - No P.O. Box # 63 Lincoln Road		3. Mailing Office Address 63 Lincoln Road	
Suits, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Scarsdale, New York		City & State Scarsdale, New York	
Zip 10583	Country USA	Zip 10583	Country USA

4. State/Country of Formation Florida / USA	
5. Date Organized or Qualified To Do Business in Florida 11/15/2006	
6. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name  
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)  
1201 Hays Street

Suite, Apt. #, Etc.

City Tallahassee	State FL	Zip Code 32301-2525
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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 Stephanie Dn ASSTVP Date 3/3/10

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
<u>mgm</u>	Chaim Babad	1531 57th Street	Brooklyn, New York 11219
<b>REINSTATEMENT 2007-2010</b>			

11. E-mail Address: agarfunkel@carfunkel.biz (To be used for future annual report notifications)

12. 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 Chaim Babad Date 3-2-10 Daytime Phone # 212-888-7300

Typed or printed name of signing Managing Member/Manager Chaim Babad