
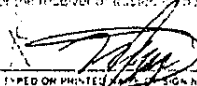


**2009 LIMITED LIABILITY COMPANY
REINSTATEMENT**

FILED

09 FEB 10 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000023901			
1. Filer Name BERNARD PASS, LLC			
Principal Place of Business 12000 NORTH DALE MABRY HIGHWAY, SUITE 110 TAMPA, FL 33618 US		Mailing Address 12000 NORTH DALE MABRY HIGHWAY, SUITE 110 TAMPA, FL 33618 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEIN Number		5. Date and Time of Status Change	
01202009 REIN-LLC		CR2E101 (1/07)	
		<input checked="" type="checkbox"/> Accepted For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
THE LAW OFFICES OF NICK SPRADLIN, PLLC 4001 WEST HENRY AVENUE SUITE 306 TAMPA, FL 33614		THE LAW OFFICES OF NICK SPRADLIN, PLLC Street Address (P.O. Box Number if Not Applicable) 12000 N. DALE MABRY HIGHWAY STE 110 TAMPA FL 33618	
8. The above named filer submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with and signed the obligations of registered agent.			
SIGNATURE: NICKOLAS J. SPRADLIN ESQ CEO		1/20/2009	
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information included on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a non-voting member or manager of the limited liability company of the receiver or trustee authorized to restate this report or information by Chapter 506, Florida Statutes.			
SIGNATURE: 		1/24/2009 (507) 66753042	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE		DATE	



REINSTATEMENT 08-09

