

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2008 NOV 20 PM 5:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10302008 REIN-LLC GR2E101 (1/07)

4. FEI Number **NOTED** ☒ Applied For ☒ Not Applicable
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

DOCUMENT # L07000061648

1. Entity Name
BSG LABORATORY, LLC

Principal Place of Business
1678 BENT OAKS BLVD
DELAND, FL 32724

Mailing Address
1678 BENT OAKS BLVD
DELAND, FL 32724

2. Principal Place of Business - No P.O. Box #
1678 BENT OAKS BLVD

3. Mailing Address
Suite, Apt. #, etc.

City & State
DELAND FL 32724

City & State
City & State

Zip
32724

Country
USA

6. Name and Address of Current Registered Agent
GOLDFARB, BARRY S
1678 BENT OAKS BLVD
DELAND, FL 32724

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE 11.12.08
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$238.75
After January 1, 2009, Fee will be \$377.50

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BARRY STEPHEN GOLDFARB 1678 BENT OAKS BLVD DELAND, FL 32724 (Sole MGRM) <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200137919732 11/14/08--01013--009 **243.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 indicated 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 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: *[Signature]* DATE 11/12/08 306-822-9261
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE