

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000099390

FILED  
Mar 25, 2009  
Secretary of State

Entity Name: B.S.M.J INVESTMENTS LLC

**Current Principal Place of Business:**

500 STATE ROAD 436  
SUITE 2016  
CASSELBERRY, FL 32707

**New Principal Place of Business:**

**Current Mailing Address:**

51-08 65 STREET  
WOODSIDE, NY 11377

**New Mailing Address:**

FEI Number: 26-1202146      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

POWAR, BARINDER S  
500 STATE ROAD 436  
SUITE 2016  
CASSELBERRY, FL 32707 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: BARINDER S POWAR

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: POWAR, BARINDER S  
Address: 500 STATE ROAD 436 SUITE 2016  
City-St-Zip: CASSELBERRY, FL 32707

Title: MGR ( ) Delete  
Name: POWAR, SURINDER K  
Address: 500 STATE ROAD 436 SUITE 2016  
City-St-Zip: CASSELBERRY, FL 32707

Title: MGR ( ) Delete  
Name: POWAR, MANJINDER S  
Address: 500 STATE ROAD 436 SUITE 2016  
City-St-Zip: CASSELBERRY, FL 32707

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: BARINDER S POWAR

MGR

03/25/2009

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