

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

11 AUG 19 AM 8:34

DOCUMENT # 607000107863

1. Limited Liability Company's Name

BI Miami LLC

500210844835  
08/22/11--01002--001 \*\*138.75

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #

3239 W. Trade Ave

3. Mailing Office Address

Same

Suite, Apt. #, etc.

#9

Suite, Apt. #, etc.

City & State

Coconut Grove

City & State

Zip

FL

Country

Dade

Zip

Country

4. State/Country of Formation

FL - Dade

5. Date Organized or Qualified  
To Do Business in Florida

10/23/08

6. FEI Number

607000107863

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Michael A. Dudik

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

3400 Pan American Dr.

Suite, Apt. #, Etc.

Miami

City

Miami

State

FL

Zip Code

33133

E-mail Address:

500210844835  
08/08/11--01046--002 \*\*238.75

Bayescape@aol.com

(To be used for future annual report notices)

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

REGISTERED AGENT MUST SIGN

Date 7/24/11

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>MGRM</u> <u>etc</u>	<u>Michael A. Dudik</u>	<u>3239 W. Trade Ave #9</u>	<u>Coconut Grove, FL</u>

**REINSTATEMENT 2010, 2011**

11. 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Signature of Managing  
Member/Manager

Date 7/24/11

Daytime Phone # 305-444-2778

Typed or printed name of signing Managing Member/Manager



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

11 AUG 19 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

August 11, 2011

BIMIAMI LLC  
3239 W TRADE AVE  
# 9  
COCONUT GROVE, FL 33133

SUBJECT: BIMIAMI LLC  
Ref. Number: L07000107863

We have received your document for BIMIAMI LLC and check(s) totaling \$238.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$138.75. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

You must insert the letters "MGRM" in the block above the name and address of each managing member and/or the letters "MGR" in the block above the name and address of each manager listed.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 711A00018867