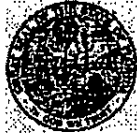


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 MAR 25 PM 1:09

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name

Bermax Group LLC

600173150496
03/25/10--01037--005 **421.25
CR2E041 (11/09)

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

10350 S. Tropical Trail

Suite, Apt. #, etc.

City & State

Merritt Island, Florida

Zip

32952

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida USA

5. Date Organized or Qualified
To Do Business In Florida

12/13/2007

6. FEI Number

26-1560984

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

Ross A. Clemons

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

10350 S. Tropical Trail

Suite, Apt. #, Etc.

City

Merritt Island

State

FL

Zip Code

32952

☒ 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

REGISTERED AGENT MUST SIGN

Date 3/17/2010

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
MGRM	Ross A. Clemons	10350 S. Tropical Trail	Merritt Island, FL 32952
MGRM	Dani L. Clemons	10350 S. Tropical Trail	Merritt Island, FL 32952

REINSTATEMENT 2008-2010

11. E-mail Address: gkogler@flavincpa.com

(To be used for future annual report notifications)

12. I certify that I am managing member/manager of 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

Date 3/17/2010

Daytime Phone # 321-7273223

Typed or printed name of signing Managing Member/Manager ROSS A CLEMONS

T. Hampton MAR 25 2010