

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

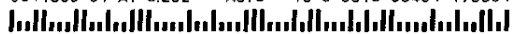
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC -8 AM 11:40

1. DOCUMENT # L97000000941

Name and Mailing Address

0011600 01 AT 0.292 **AUTO T3 0 0615 33404-176504



BE PRESSURE (SE USA), L.L.C.
3750 INVESTMENT LANE, SUITE #4
WEST PALM BEACH FL 33404-1765

700025265677
12/08/03--01003--028 **155.00



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 3750 INVESTMENT LANE, SUITE #4 WEST PALM BEACH FL 33404		3. New Principal Place of Business Address City, State, Zip	5. Date Organized or Qualified To Do Business in Florida 08/26/1997
		6. FEI Number 65-0775349	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent PANKOW, JOHN 3750 INVESTMENT LANE, SUITE #4 WEST PALM BEACH FL 33404		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
10. 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 <input checked="" type="checkbox"/> SIGNATURE REQUIRED Date <input checked="" type="checkbox"/> 11/28/03 REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	PANKOW, JOHN	2255 GLADES ROAD SUITE 238	BOCA RATON FL
MGR	PANKOW, JON	3750 INVESTMENT LANE, SUITE 4	WEST PALM BEACH FL 33404
REINSTATEMENT 03 <i>cur</i>			

12. 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.

Signature of Managing Member/Manager

☒ **SIGNATURE REQUIRED**

Date 11/28/03

Daytime Phone #

561-840-8894

Typed or printed name of signing Managing Member/Manager

☒ JON PANKOW

CR2E084 (7/03)