

L99000007597

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 MAY -9 AM 8:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000007597

1. Limited Liability Company's Name.

BSMS, LLC

2. Principal Office Address

3200 N. Military Trail

Suite, Apt. #, etc.

200

City & State

Boca Raton, Florida

Zip

33431

Country

Palm Beach

3. Mailing Office Address

3200 N. Military Trail

Suite, Apt. #, etc.

200

City & State

Boca Raton, Florida

Zip

33431

Country

Palm Beach

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

11/08/99

6. FEI Number

65-1036000

X Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$3.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Frank A. Barbieri, Jr.

500005638725-6

-05/30/02--01007--020

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

3200 N. Military Trail

\*\*\*\*200.00 \*\*\*\*200.00

Suite, Apt. #, Etc.

200

City

Boca Raton

State

FL

Zip Code

33431

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

*Frank A. Barbieri, Jr.*

REGISTERED AGENT MUST SIGN

Date 5/1/02

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
MGR	Cynthia Bradley	3200 N. Military Trail	Boca Raton, FL 33431
MGR	Stephen W. Screnci	3200 N. Military Trail	Boca Raton, FL 33431

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.

Signature of  
Managing Member/Manager

*W. J. J. J.*

Date 5-1-02

Daytime Phone # 561 997-5700

Typed or printed name of signing Managing Member/Manager

CR2E041 (9/00)