

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
 FEB - 4 AM 10: 17
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # M04000004474

1. Limited Liability Company's Name

BSC JYP, LLC

06

BK

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1 Station Place		1 Station Place	
Suits, Apt. #, etc.		Suits, Apt. #, etc.	
4th Floor		4th Floor	
City & State		City & State	
Stamford, CT		Stamford, CT	
Zip	Country	Zip	Country
06902	USA	06902	USA

4. State/Country of Formation	
Delaware	
5. Date Organized or Qualified To Do Business in Florida	
10/20/2004	
6. FBI Number	Applied For
20-1749980	Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name	
NRAI Services, Inc.	
Street Address (P.O. Box Number is Not Acceptable)	
2731 Executive Park Drive	
Suite, Apt. #, Etc.	
Suite 4	
City	State Zip Code
Weston	FL 33331

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 _____ Date _____
 REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Jackie L. Gaines	1 Station Place	Stamford, CT 06902
			0213708--01047--014 **416 25
REINSTATEMENT 2006-2008			

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: Jackie L. Gaines Date: 1/31/08 Daytime Phone # 203-391-6100
 Typed or printed name of signing Managing Member/Manager: Jackie L. Gaines