PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT  Jim Smith	02 NOV 21 AM 8: 46
	Secretary of Star	TIONS OF STATE
		SECFIETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # P01000066469		
BMV Debt Management Corp		j
bin best ranagement corp	)• •	1
	•	800009149628 11/21/0201062010 **750.00
2. Principal Office Address	3. Mailing Office Address	THE PARTY ATTEMPT A C
23123 State Road 7	23123 State Road 7	MENDIAIRNIEN OC
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
Suite 200-A	Suite 200-A	4. Date Incorporated or Qualified To Do Business in Florida 7/6/01
City & State Boca Raton, FL	City & State	5. FEI Number Applied For
<u> </u>	Boca Raton, FL	36-4462283 Not Applicable
33428 Country USA	Zip Country USA	6. CERTIFICATE OF STATUS DESIDED \$8.75 Additional Fee required
	7. Name and Address of	for a Certificate of Status
Name		
Ran D. Barnea		
Street Address (P.O. Box Number is Not Acceptable) 23123 State Road 7		
Suite, Apt. #, Etc.		
Suite 200-A		
Boca Raton	•	State   Zip Code   FL   33.439
	e named corporation, am familiar with	33420
Signature of //		
Registered Agent / REG	and accept the obligations of section 607.0505 or 617.0503, F.S.	
9. Names and Street Addresses of Each Officer and/		Operation of least 2 disease.
Titles Name of		Address of Each
Officers and/or Directors		r and/or Director City / State / Zip
$\rho/\rho$ Ran D. Barnea	Suite 310	
	23123 State	
S/1) Daniel T. Post	Suite 3/0	Boca Paton ET 32420
T/D Steven Leifer	22/23 State	U 184 1
John College	5u/te 3/0 23/23 ST-te	RD 7 BOOK RATOR FL 33428
D Tammy Barnea	Suite 310	Boca Rator FZ 33428
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Design Phone #		

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