

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2004 MAY 24 AM 8:28
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L0200000310007

1. Limited Liability Company's Name

INTREPID VAIL PARTNERS, LLC

300035442903
05/05/04--01016--020 **150.00

2. Principal Office Address

701 BRICKELL AVENUE

3. Mailing Office Address

701 BRICKELL AVENUE

Suite, Apt. #, etc.

2050

Suite, Apt. #, etc.

2050

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33131

Country

USA

Zip

33131

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified To Do Business in Florida

11/25/02

6. FEI Number

20-1046639

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

Henry Harper

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

701 Brickell Avenue, Suite 2050

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33131

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

4/13/04

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	The Intrepid Real Estate Company, LLC	701 Brickell Avenue Suite 2050, Miami, FL 33131	Miami, FL 33131
			300035442903 05/02/04--01046--001 **50.00

REINSTATEMENT 2003-04

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

Date

04/13/04

Daytime Phone #

305-357-7658

Typed or printed name of signing Managing Member/Manager

Henry Harper.

CR2E041 (1/0/02)