

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F98000001581

1. Entity Name
BH MANAGEMENT SERVICES, INC.



Principal Place of Business
400 LOCUST STREET
SUITE 790
DES MOINES, IA 50309

Mailing Address
400 LOCUST STREET
SUITE 790
DES MOINES, IA 50309

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03072005

REIN-P

CR2E098 (6/04)

4. FEI Number

42-1408338

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SKINNER, DAVID
6990 NW 86TH ST
MIAMI, FL 33015

Name

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

City

Zip Code

REINSTATEMENT

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CT
BOOKEY, HARRY
400 LOCUST ST, SUITE 690
DES MOINES, IA 50309 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400 Locust St, Suite 790
Des Moines, IA 50309 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
LYONS, LAURIE
1450 COPPER SPUR
BOND, CO 80423 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400054679784
05/17/05--01055--016 **\$900.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
05/16 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Harry Booley
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

3/11/05

Date

515.244.2622

Daytime Phone #