## L00000000365

## Florida Department of State

Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H02000001254 0)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Far Number : /85

: (850)205-0383

From:

Account Name : BERMAN WOLFE RENNERT VOGEL & MANDLER, P.A.

Account Number: 076103002011

Phone : (305)577-4177

Fax Number : (305)373-6036

## LIMITED LIABILITY REINSTATEMENT

BH MORTGAGE L.L.C.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$205.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

AL

02 JAN 22 FH 1: 27

FAX A	AUDIT NUMBER PLEASE	: H02000001; READ ALL I	254 0 NSTRUCTIONS E	REFORE	: COM	IDI ET	ING THIS	- EODM		
	ED LIABILITY COMPANY ISTATEMENT	FLO	RIDA DEPARTMENT O Katherine Harris Secretary of State VISION OF CORPORA	F STATE		<b></b>	ing Hijo	02	SECRETARY TALLAHASSE	
	UMENT# LOOGO	0002365			1			JM 22	. T.	
	d Liability Company's Name							2		
BH M	lortgage L.L.C.	9 36-10-	0.00	<u></u>					Į,	
5555	Anglers Avenue	ing Office Address Anglers Avenue								
Suite, Apr	t. #, etc.	Suite, Ap						<i>3</i>		
Suite	Suite 1 Suite		21		4. State	/ Country o	of Formation			
	1	ļ		**	5. Date	Incomed	ed or Qualified	Florida		
<u> </u> 		ļ			To Do B	ni seenisu	Florida	<b>.</b> .		
City & Sta		te		ê cciv			3-1-2000			
Fort La	auderdale, FL	Fort La	auderdale, FL	}	6. FEI Number 65-0987836			Applied For Not Applicable		
Zip	Country	Zip	Country		7.		··· <u>·</u>	S8 75 Additional F for a Certificate of	•	
33312	USA	33312	USA	f	CERTIFICA	ITE OF STAT	'US DESIRED	for a Certificate of	Smas	
	Name Registered Agents of Florida, LLC Street Address (P.O. Box Number is Not Acceptable) 100 SE 2 <sup>nd</sup> Street Suite, Apt #. Etc. Suite 3500									
	<sub>City</sub> Miami					State FL	Zp Code 33131			
I, being a signature of Registered A	188	REGISTER	ED AGENT MUST SIGN	ard J. Vo	gel, VP	· 	obligations of se	ction 608, F.S.	1-4-02	
des		•	and Street Addresses of Ma	naging Mei	nbers/Ma	anagers				
	Name of Street Address of Each Managing Members/ Managers Managers Managers			City / State / Zip						
IEM	Brookfield Develo	5555 Anglers Avenue, Suite 1			Fort Lauderdale, FL 33312					
								<u></u>		
			· · · · · · · · · · · · · · · · · · ·					<u></u>		
sowed by of made	the limited liability company in the limited cath.  Managing	ember or the receiver e reason for dissolution ave been paid. The in	or trustee empowered to exec has been eliminated, the cor formation indicated on this ap	ute this appli porate name plication is t	cation as j satisfies the rue and ac	provided for requires curate, an	or in chapter 608 ments of section od my signature	3, F.S. I further c 608.406, F.S., er shall have the sa	erbify that nd that all Ima (egal	
nber/Man	ager 1 9 cm	TYPED OR POSITION VALVE	David Burris, Ser of signing manging membernman	cretary of	memb		4-02	(954) 620-		
	Secretary of Charles	· · · · · · · · · · · · · · · · · · ·	WE SHOWED MANGING MEMBERMANA	NO ER		Dat	te ···	Daytime Pho	ne#	