

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 31 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000007067

1. Limited Liability Company's Name

Buena Vista HG-Four Points Beverage, LLC

200009788562
01/02/03--01069--004 **150.00

2. Principal Office Address

2910 W. Bay to Bay Blvd.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 200

City & State

Tampa, FL

City & State

Zip

33629

Country

USA

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 3/1/01

6. FEI Number

59-3720526

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

Michael H. Frost

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

2910 W. Bay to Bay Blvd.

Suite, Apt. #, Etc.

Suite 200

City

Tampa

State
FL

Zip Code
33629

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 12/26/02

REGISTERED AGENT MUST SIGN

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
CEO	Michael H. Frost	2910 W. Bay to Bay Blvd. #200	Tampa, FL 33629
Pres	Robert Stolz	2910 W. Bay to Bay Blvd. #200	Tampa, FL 33629

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 12/26/02

Daytime Phone # (813) 221-7535

Typed or printed name of signing Managing Member/Manager Michael H. Frost

CR2E041 (9/01)