PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
2006 APR 14 PM 12:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000024744

1. Limited Liability Company's Name
BSP/PORT ORANGE, LLC

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CR2E041 (6/05)

2. Principal Office Address	3. Mailing Office Address
250 Park Avenue South	250 Park Avenue South
Suite, Apt. #, etc.: Suite 200	Suite, Apt. #, etc.: Suite 200
City & State: Winter Park, FL	City & State: Winter Park, FL
Zip: 32789 Country: USA	Zip: 32789 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 09/23/2002

6. FEI Number: 27-0032087 ☐ 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: Corporation Company of Orlando

Street Address (P.O. Box Number is Not Acceptable): 300 South Orange Avenue

Suite, Apt. #, Etc.: Suite 1000 (MJG)

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City: Orlando State: FL Zip Code: 32801

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: /s/ MICHAEL J. GRINDSTAFF Date: 4/14/06
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
Manager	Stephen R. Walsh	250 Park Avenue South-Ste.200	Winter Park, FL 32789
Member	Broad Street Partners, LLC	250 Park Avenue South-Ste.200	Winter Park, FL 32789
	REINSTATEMENT	2003-2006	

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: [signature] Date: 4/6/06 Daytime Phone #: 407-647-3290

Stephen R. Walsh, Manager
Typed or printed name of signing Managing Member/Manager