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 # L02000031667

1. Limited Liability Company's Name

INTREPID VAIL PARTNERS, LLC

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

2. Principal Office Address	**3.** Mailing Office Address	
701 BRICKELL AVENUE	701 BRICKELL AVENUE	**4.** State/Country of Formation FLORIDA
Suite, Apt. #, etc. 2050	Suite, Apt. #, etc. 2050	**5.** Date Organized or Qualified To Do Business in Florida 11/25/02
City & State MIAMI, FL	City & State MIAMI, FL	**6.** FEI Number 20-1046639	Applied For Not Applicable
Zip 33131	Country USA	Zip 33131	Country USA	**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

CR2E041 (10/02)

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
			300035442903 06/02/04--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.