

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 NOV -8 AM 10:54

DOCUMENT # L04000083247

1. Entity Name
BSP/MAITLAND, LLC



Principal Place of Business
200 PARK AVENUE SOUTH, SUITE 200
WINTER PARK, FL 32789

Mailing Address
200 PARK AVENUE SOUTH, SUITE 200
WINTER PARK, FL 32789

2. Principal Place of Business
250 Park Avenue South

3. Mailing Address
250 Park Avenue South

Suite, Apt. #, etc.
200

Suite, Apt. #, etc.
200

City & State
Winter Park, FL

City & State
Winter Park, FL

10072005 REIN-LLC CR2E101 (8/04)

4. FEI Number
20-1283910

Applied For
Not Applicable

Zip
32789

Country

Zip
32789

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF ORLANDO
300 SOUTH ORANGE AVE., SUITE 1000 (J3S)
ORLANDO, FL 32801-5403

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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)

10/19/05

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
Manager
Stephen R. Walsh
250 Park Avenue South, Suite 200
Winter Park, FL 32789

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
Manager
Ken L. Kupp
250 Park Avenue South, Suite 200
Winter Park, FL 32789

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
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Ken L. Kupp KEN L. KUPP, A MANAGER

10/19/05

(407) 647-3290

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

REINSTATEMENT