

NOV. 8. 2007 9:50AM

TRENAM, KEMKER

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# L05000018305

Florida Department of State  
Division of Corporations  
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From:

Account Name : TRENAM, KEMKER, SCHARF, BARKIN, FRYE, O'NEILL & MULLIS, P.A  
Account Number : 076424003301  
Phone : (813) 223-7474  
Fax Number : (813) 229-6553

04-4034 AT

## LIMITED LIABILITY REINSTATEMENT

MIRROR LAKE BW, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$200.00

#100.00

Please credit back \$100 Reinstatement fee as entity did not receive prior notices. thank you

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TRENAM, KEMKER

NO. 9164 P. 2

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LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED STATIONS SECRETARY OF CORPORATIONS DIVISION OF CORPORATIONS 07 NOV - 8 AM 8:11

DOCUMENT # L05000018305

1. Limited Liability Company's Name

Mirror Lake BW, L.L.C.

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # 3000 Beach Drive NE
3. Mailing Office Address 3000 Beach Drive NE
Suits, Apt. #, etc.
City & State St. Petersburg, FL
Zip 33701 Country USA

4. State/Country of Formation Florida
5. Date Organized or Qualified To Do Business in Florida 02/23/05
6. FEIN Number 26-1377111 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 Charles M. Harris, Jr.
Street Address (P.O. Box Number is Not Acceptable) 1600 Bank of America Tower, 200 Central Avenue
Sulte, Apt. #, Etc.
City St. Petersburg State FL Zip Code 33731-3542

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 11/7/07 REGISTERED AGENT MUST SIGN

Table with 4 columns: Title, Name of Managing Members/Managers, Street Address of Each Managing Member/Manager, City / State / Zip. Row 1: MGRM, Philippe C. Berriot, 3000 Beach Drive NE, St. Petersburg, FL 33701

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 608.408, F.S., and that all fees owed by the limited liability company have been paid.
Signature of Managing Member/Manager Philippe C. Berriot Date 11.07.07 Daytime Phone# 727-898-9990
Typed or printed name of signing Managing Member/Manager Philippe C. Berriot ((H07000274936 3)))