

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000021575

1. Limited Liability Company's Name

B.H.G. Company, LLC

2. Principal Office Address - No P.O. Box #

3201 Cardinal Drive

Suite, Apt. #, etc.

City & State

Vero Beach, FL

Zip

32963

Country

Indian River

3. Mailing Office Address

3201 Cardinal Drive

Suite, Apt. #, etc.

City & State

Vero Beach, FL

Zip

32963

Country

Indian River

4. State/Country of Formation

FLORIDA

**5. Date Organized or Qualified
To Do Business in Florida**

3/3/2005

6. FEI Number

20-5274124

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

WILLIAM J. STEWART

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

3355 OCEAN DRIVE

Suite, Apt. #, Etc.

City

VERO BEACH

State

FL

Zip Code

32963

☐ 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**

[Signature]

REGISTERED AGENT MUST SIGN

Date

June 26, 2008

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
MGM	Susan Scanlan Buckley	3201 Cardinal Drive	VERO BEACH, FL 32963

REINSTATEMENT 06-08

\$516.25

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 6/27/08

Daytime Phone #

772-234-8300

Typed or printed name of signing Managing Member/Manager Susan Scanlan Buckley