

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # LD5000105338

1. Limited Liability Company's Name

BG FLORIDA HOLDINGS, LLC

W09-32439

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

101 East Kennedy Boulevard

Suite, Apt. #, etc.

Suite 2800

City & State

Tampa, Florida

Zip

33602-5151

Country

USA

3. Mailing Office Address

101 East Kennedy Boulevard

Suite, Apt. #, etc.

Suite 2800

City & State

Tampa, Florida

Zip

33602-5151

Country

USA

8. Name and Address of Current Registered Agent

Name

Will A. Blair

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

101 East Kennedy Boulevard

Suite, Apt. #, Etc.

Suite 2800

City

Tampa

State

FL

Zip Code

33602-5151

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

Will A. Blair
REGISTERED AGENT MUST SIGN

Date

7/22/09

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
MGR	Patrick Beach	25 E. Anapamu St., 3rd Floor	Santa Barbara, CA 93101
	L. SELLERS		
	JUL 29 2009		
	EXAMINER	REINSTATEMENT	07-09

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

Patrick L. Beach

Date 5-20-09

Daytime Phone #

805-962-0400

Typed or printed name of signing Managing Member/Manager Patrick L. Beach

FILED

09 JUL 28 PM 11 10

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

800158271268
07/08/09--01037--008 **516.25

CR2E041 (10/08)

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 10/27/2005

6. FEI Number

203812060

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

☐ 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.

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