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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

Kimberly x.2949

LIMITED LIABILITY REINSTATEMENT

BH SIESTA LAGO MANAGEMENT, L.L.C.

Certificate of Status	0 1
Certified Copy	0
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Estimated Charge	~~$377.50~~ $382.50

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000002450

1. Limited Liability Company's Name

BH Siesta Lago Management, L.L.C.

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
400 Locust Street		400 Locust Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 790		Suite 790	
City & State		City & State	
Des Moines, Iowa		Des Moines, Iowa	
Zip	Country	Zip	Country
50309	USA	50309	USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 1-08-2008

6. FEI Number: 20-4048606 ☐ 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: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.:

City: Tallahassee | State: FL | Zip Code: 32301

☐ 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: Jacqueline M. Casper Date: 02/15/2008

Jacqueline M. Casper REGISTERED AGENT MUST SIGN Assistant VP

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	BH Equities, L.L.C.	400 Locust Street, Suite 790	Des Moines, Iowa 50309

REINSTATEMENT 2007, 2008

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: 2-15-2008 Daytime Phone #: (515) 244-2622

Typed or printed name of signing Managing Member/Manager: Nicholas H. Roby