

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LO7000024498**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

11 DEC 15 PM 1:07

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **LO7000024498**

1. Limited Liability Company's Name

2011

**1 BH Tower 20, LLC**

BK

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # <b>C/O TRUTE and Robbins</b>		3. Mailing Office Address <b>C/O TRUTE and Robbins</b>	
Suite, Apt. #, etc. <b>1090 Kane concourse, suite 202</b>		Suite, Apt. #, etc. <b>1090 Kane concourse, suite 202</b>	
City & State <b>bay Harbor island, Florida</b>		City & State <b>bay Harbor island, Florida</b>	
Zip <b>33154</b>	Country <b>USA</b>	Zip <b>33154</b>	Country <b>USA</b>

4. State/Country of Formation <b>N/A</b>	
5. Date Organized or Qualified To Do Business in Florida <b>03/05/07</b>	
6. FEI Number <b>203743388</b>	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name <b>Your Capital Connection, Inc.</b>			
Street Address (P.O. Box Number is Not Acceptable) <b>417 E. Virginia ST.</b>			
Suite, Apt. #, Etc. <b>Suite 1</b>			
City <b>Tallahassee</b>	State <b>FL</b>	Zip Code <b>32301-1283</b>	

E-mail Address: <b>400215237964</b> <b>12/15/11--01003--014 **238.75</b> (To be used for future annual report notices)
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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]* Date **11/29/11**

REGISTERED AGENT MUST SIGN

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
MGRM	<b>David Phillips</b>	<b>1090 KANE CONCOURSE, SUITE 202,</b>	<b>BAY Harbor Island, FL 33154</b>

**REINSTATEMENT 2011**

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager *[Signature]* Date **11/28/11** Daytime Phone # **876-399-0007**

Typed or printed name of signing Managing Member/Manager **David Phillips**