L11000127936

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000245308 3)))

H11000245308 3ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

FILED
2011 OCT 10 AM 8:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED
11 OCT 10 AM 7:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY REINSTATEMENT
BMWM MANAGEMENT COMPANY LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$238.75

J. SAULSBERRY
EXAMINER

OCT 11 2011

REINSTATEMENT
2011

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2011 OCT 10 AM 8:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/11)

DOCUMENT # L10000127936

1. Limited Liability Company's Name

BMWM MANAGEMENT COMPANY, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
c/o Frank J. Rief-SunTrust Financial Centre 401 East Jackson Street	c/o Frank J. Rief-SunTrust Financial Centre 401 East Jackson Street
Suite, Apt. #, etc.: 1700	Suite, Apt. #, etc.: 1700
City & State: Tampa, FL	City & State: Tampa, FL
Zip: 33602-5250 Country: USA	Zip: 33602-5250 Country: USA

4. State/Country of Formation: Florida/USA

5. Date Organized or Qualified To Do Business in Florida: 12-14-2010

6. FEI Number: 27-4273040 ☐ 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: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

E-mail Address: ddinapoli@marcusfoundation.org
(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, accept the appointment and agree to comply with the obligations of Chapter 608, F.S.

Signature of Registered Agent: Connie Bryan Assistant Secretary Date: 10/10/2011
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
MGR	Frederick S. Slagle	1266 West Paces Ferry Rd #615	Atlanta, GA 30327-2306
MGR	Douglas P. DiNapoli	1266 West Paces Ferry Rd #615	Atlanta, GA 30327-2306

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: Frederick S. Slagle Date: 10-10-11 Daytime Phone #: 404-240-7990

Typed or printed name of signing Managing Member/Manager: FREDERICK S. SLAGLE