• PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED 4/5/22
00 MAY 19 AM 9:24
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L98000000230

1. Limited Liability Company's Name
BELLMARK SARASOTA AIRPORT, LC

2. Principal Office Address	3. Mailing Office Address
8440 N TAMIAMI TRAL	(SAME AS #2)
Suite, Apt. #, etc. —	Suite, Apt. #, etc.
City & State: SARASOTA, FL	City & State
Zip: 34243 Country: USA	Zip Country

4. State/Country of Formation: FLORIDA, USA
5. Date Organized or Qualified To Do Business in Florida: 2/24/98
6. FEI Number: 65-0827874 ☐ 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 ST.
Suite, Apt. #, Etc.:
City: TALLAHASSEE State: FL Zip Code: 32301

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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: BRIAN COURTNEY, ASST. V.P.
REGISTERED AGENT MUST SIGN
Date: 5/19/2000

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	STEPHEN C. MULLEN	8440 N. TAMIAMI TRAL	SARASOTA, FL 34243
MGRM	WALTER M. HAMER	8440 N TAMIAMI TRAIL	SARASOTA, FL 34243
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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: Walter M. Hamer Date: 5/18/00 Daytime Phone #: (813) 282-6916

Typed or printed name of signing Managing Member/Manager: WALTER M. HAMER