

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 27 PM 11:02

DOCUMENT #

L98/2954

1. Limited Liability Company's Name

BBSG MANAGEMENT, L.C.

2. Principal Office Address

1107 KEY PLAZA

Suite, Apt. #, etc.

307

City & State

KEY WEST

Zip

FLORIDA

Country

USA

3. Mailing Office Address

1107 KEY PLAZA

Suite, Apt. #, etc.

307

City & State

KEY WEST

Zip

33040

Country

USA

REINSTATEMENT 2000

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

11/98

6. FEI Number

650878281

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

HAROLD X. O'BOYLE

300003456513-2

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

1107 KEY PLAZA # 307

-11/07/00--01144--028

****200.00 ****200.00

Suite, Apt. #, Etc.

City

KEY WEST,

State

FL

Zip Code

33040

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 10/20/00

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
MGAM	BBSG VENTURES	1107 KEY PLAZA # 307	KEY WEST, FL 33040
MGAM	QUIXOTIC HOLDINGS	1107 KEY PLAZA # 307	KEY WEST, FL 33040

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] gen mgr.

Date 10/20/00

Daytime Phone # 305.296.0432

Typed or printed name of signing Managing Member/Manager

HAROLD X. O'BOYLE