

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 AUG -2 AM 8:40

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

L98000002954

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

33040

Country

USA

3. Mailing Office Address

1107 Key Plaza

Suite, Apt. #, etc.

307

City & State

Key West

Zip

33040

Country

USA

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

11/18/1998

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 O'Boyle

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

1107 Key Plaza

Suite, Apt. #, Etc.

307

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

REGISTERED AGENT MUST SIGN

Date 5/20/2005

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	BBSG Management	1107-Key Plaza #307	Key West, FL-33040
MGRM	Quixotic Holdings	1107 Key Plaza #307	Key West, FL 33040

400058543574
08/19/05--01005--006 **\$00.00

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

Date 5/20/2005

Daytime Phone # 305-296-3771

Typed or printed name of signing Managing Member/Manager Harold O'Boyle