

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 25 PM 11:02

DOCUMENT # **L99000005613**

1. Limited Liability Company's Name

BFC Venture Partners - 1999A, LLC

2. Principal Office Address

1750 E. Sunrise Blvd.

Suite, Apt. #, etc.

3rd Floor

City & State

Ft. Lauderdale, FL

Zip

33304

Country

3. Mailing Office Address

P.O. Box 5403

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip

33310

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

65-0948763

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

**\$3.00 Additional Fee required
for a Certificate of Status**

REINSTATEMENT 2000

8. Name and Address of Current Registered Agent

Name

BFC Venture Partners - 1999, Inc.

000003456220

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

1750 E. Sunrise Blvd.

Suite, Apt. #, Etc.

3rd Floor

City

Ft. Lauderdale

State

FL

Zip Code

33304

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

GLEN R. GILBERT

Executive Vice President

REGISTERED AGENT MUST SIGN

Date **10/19/2000**

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
MGR	BFC Venture Partners - 1999 Inc.	1750 E Sunrise Blvd.	Ft. Lauderdale, FL 33304

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

10/19/2000

Daytime Phone **(954) 760-5200**

GLEN R. GILBERT

Executive Vice President

Typed or printed name of signing Managing Member/Manager

CR2E041 (9/00)