

APPROVED
AND
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT 2001

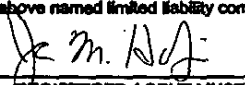
LIMITED LIABILITY COMPANY REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 100000001421
1. Limited Liability Company's Name BH/CIA Verandah, L.L.C.

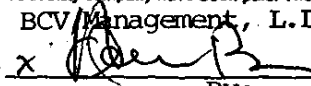
2. Principal Office Address 400 Locust Street Suite, Apt. #, etc. Ste. 690 City & State Des Moines, IA Zip 50309 Country USA	3. Mailing Office Address 400 Locust Street Suite, Apt. #, etc. Ste. 690 City & State Des Moines, IA Zip 50309 Country USA
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4. State/Country of Formation Iowa/USA	
5. Date Organized or Qualified To Do Business in Florida 07/19/2000	
6. FEI Number 42-1502620	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 C T 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

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	JAMES HALPIN ASST. SECY Date 12/13/01

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	BCV Management, L.L.C.	400 Locust Street, Ste. 690	Des Moines, IA 50309

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 it made under oath.	
BCV Management, L.L.C., Manager/Member	
Signature of Managing Member/Manager  By: Harry Bookey, Member	Date 12/10/01 Daytime Phone # (515) 244-2622
Typed or printed name of signing Managing Member/Manager	