APPROVED
AND
FILED

01 DEC 14 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

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

400004729374--7
-12/17/01--01093--013
****105.00 ****105.00

REINSTATEMENT 2001

DOCUMENT # M00000001421

1. Limited Liability Company's Name

BH/CIA Verandah, L.L.C.

2. Principal Office Address	3. Mailing Office Address
400 Locust Street	400 Locust Street
Suite, Apt. #, etc.: Ste. 690	Suite, Apt.# etc.: Ste. 690
City & State: Des Moines, IA	City & State: Des Moines, IA
Zip: 50309 Country: USA	Zip: 50309 Country: USA

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

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-12/17/01--01093--012
*****50.00 *****50.00

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: JAMES HALPIN ASST. SECY Date: 12/13/01
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
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 if made under oath.

Signature of Managing Member/Manager: X BCV Management, L.L.C., Manager/Member By: Date: 12/10/01 Daytime Phone #: (515) 244-2622

Typed or printed name of signing Managing Member/Manager: Harry Bookey, Member