

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

04 MAR -4 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M01000001169

1. Limited Liability Company's Name

BH ClubbMar, L.L.C.

03

BA

2. Principal Office Address

400 Locust Street

Suite, Apt. #, etc.

Suite 790

City & State

Des Moines, Iowa

Zip

50309

Country

USA

3. Mailing Office Address

400 Locust Street

Suite, Apt. #, etc.

Suite 790

City & State

Des Moines, Iowa

Zip

50309

Country

USA

4. State/Country of Formation

Iowa

5. Date Organized or Qualified
To Do Business in Florida

5-25-01

6. FEI Number

421520821

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

CT 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

Carmie Ryan

REGISTERED AGENT MUST SIGN

Date

3-4-04

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 | Harry Bookey | 400 Locust Street, Ste 790 | Des Moines, Iowa 50309 |
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REINSTATEMENT 2003-2004

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

Harry Bookey

Date

2/27/04

Daytime Phone #

(515) 244-2622

Typed or printed name of signing Managing Member/Manager

Harry Bookey