

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

M9700000216

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M97000000216

1. Limited Liability Company's Name

B.H. Lehigh, L.L.C.

9/29/00

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

April 22, 1997

6. FEI Number

391890022

Applied For

Not Applicable

7. ☒ CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required
for a Certificate of Status

FILED
03 SEP 18 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800023308378
09/24/03 --01070--004 **305.00

8. Name and Address of Current Registered Agent

Name

Harry Bookey

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

1001 Shoreview Drive

Suite, Apt. #, Etc.

City

Orlando

State
FL

Zip Code

32807

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

9/16/2003

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
	Harry Bookey, Managing Member	400 Locust Street, Suite 790	Des Moines, Iowa 50309

REINSTATEMENT 2000-2003
(ARC) (CUG)

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

9/16/2003

Daytime Phone #

(515) 244-2622

Typed or printed name of signing Managing Member/Manager

Harry Bookey, Managing Member

CR20041 (10/02)