

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JUN -8 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000005650

1. Limited Liability Company's Name
BD Organization, LLC

800181824878
06/08/10--01007--017 **530.00

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box #
311 E. Jennings St.

3. Mailing Office Address
311 E. Jennings St.

Suite, Apt. #, etc

Suite, Apt #, etc

City & State

City & State

Tallahassee, FL

Tallahassee, FL

Zip Country
32301 USA

Zip Country
32301 USA

4. State/Country of Formation
FL/USA

5. Date Organized or Qualified To Do Business in Florida
01/19/2005

6. FEI Number
202181993 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
John T. Burnette

Street Address (P.O. Box Number is Not Acceptable)
311 E. Jennings St.

Suite, Apt #, Etc

City
Tallahassee

State Zip Code
FL 32301

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

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	John T. Burnette	311 E. Jennings St.	Tallahassee, FL 32301
MGRM	James M. DuRant, Jr.	1407 Piedmont Drive East	Tallahassee, FL 32312

L. SELLERS

JUN -8 2010

EXAMINER

REINSTATEMENT

08-2010

11. E-mail Address jd@boydraw.net

(To be used for future annual report notifications)

12. 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 1/8/2010 Daytime Phone # 850-386-2171

Typed or printed name of signing Managing Member/Manager James M. DuRant, Jr.