

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**  
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 DEC 13 PM 12:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT 2000**

DOCUMENT # **L96-135**  
1. Limited Liability Company's Name  
**BDD+L Enterprises, LTD, A  
Florida Limited Company**

2. Principal Office Address

3. Mailing Office Address

Suite, Apt. #, etc.

**Po Box 182**

Suite, Apt. #, etc.

**Po Box 182**

City & State

**Key West, FL**

City & State

**Key West, FL**

Zip

**33041**

Country

Zip

**33041**

Country

4. State/Country of Formation

**Florida**

5. Date Organized or Qualified  
To Do Business in Florida

**02/01/96**

6. FEI Number

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

**Lynn Kaufelt**

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

**900 Flagler Ave.**

Suite, Apt. #, Etc.

City

**Key West**

State

**FL**

Zip Code

**33040**

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

**X Lynn Kaufelt**

REGISTERED AGENT MUST SIGN

Date

**12/11/00**

**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
MGR	Lynn H. Kaufelt	900 Flagler Ave.	Key West, FL, 33040
MGR	David A. Kaufelt	900 Flagler Ave.	Key West, FL 33040
MGR	Robert M. Lieb	1025 Van Pister St.	Key West, FL 33040
MGR	Donna Lieb	1025 Van Pister St.	Key West, FL, 33040

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 Lynn Kaufelt**

Date

**12/11/00**

Daytime Phone #

**305-296-0011**

**X24**

Typed or printed name of signing Managing Member/Manager