

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F98000000865

1. Corporation Name

BMDC, INC.

100261594411

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
190 E. Stacy Rd		190 E. Stacy Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 1720		Suite 1720	
City & State		City & State	
ALLEN, TX		ALLEN, TX	
Zip	Country	Zip	Country
75002	US	75002	US

4. Date Incorporated or Qualified To Do Business in Florida	
02/13/1998	
5. FEI Number	Applied For
752321244	Not Applicable
6. CERTIFICATE OF STATUS DESIRED	
\$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name		
CORPORATION SERVICE COMPANY		
Street Address (P.O. Box Number is Not Acceptable)		
1201 HAYS STREET		
Suite, Apt. #, Etc.		
City	State	Zip Code
TALLAHASSEE	FL	32301

14 JUN 23 AM 10:58	
TALLAHASSEE, FLORIDA	

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503.

Signature of
Registered Agent

Emily Gray

REGISTERED AGENT MUST SIGN

Date 06/23/14

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip		
pstd	BILLY BROWN	190 E. Stacy Rd, Suite 1720	ALLEN, TX 75002		
REINSTATEMENT <i>2006-14</i>					
				S. HAWKES	
				JUN 24 A.M.	
			EXAMINER		

10. E-mail Address: billy.brown@benchmarktexas.net

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

Billy Brown

BILLY BROWN, PRESIDENT

5/23/14 2146182783

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 111481 7130368

AUTHORIZATION :

COST LIMIT : \$ 1950.00

ORDER DATE : April 29, 2014

ORDER TIME : 11:06 AM

ORDER NO. : 111481-010

CUSTOMER NO: 7130368

REINSTATEMENT

NAME: BMDC, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Gray

EXAMINER'S INITIALS _____

RECEIVED
DEPARTMENT OF STATE
14 JUN 23 03 12