

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 OCT 22 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000004989

1. Limited Liability Company's Name

BHD I, LLC

2. Principal Office Address

631 US Highway One

Suite, Apt. #, etc.

Suite 100

City & State

North Palm Beach, FL

Zip

33408

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

03/30/2001

6. FEI Number

65 1094470

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

Alan Tarpell

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

631 US Highway One

Suite, Apt. #, Etc.

Suite 100

City

North Palm Beach

State

FL

Zip Code

33408

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

Date

REGISTERED AGENT MUST SIGN

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	Dan Thompson	631 US Highway One, Suite 100	North Palm Beach, FL 33408

REINSTATEMENT 04 GA

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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

Dt [Signature]

Date 10-15-04

Daytime Phone # 561 840 4747

Typed or printed name of signing Managing Member/Manager

Dan Thompson, MGRM

CR2E041 (10/02)