

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

12 JAN 10 AM 10:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800217593218  
01/10/12--01009--003 \*\*377.50

CR2E041 (1/11)

DOCUMENT # L000011509

1. Limited Liability Company's Name

BB/SADI, LLC

2. Principal Office Address - No P.O. Box #

8807 RUSTIC TRAIL CT

Suite, Apt. #, etc.

3. Mailing Office Address

2918 BUSCH LAKE BLVD

Suite, Apt. #, etc.

City & State

Tampa FL

Zip

33635

Country

USA

City & State

Tampa FL

Zip

33614

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

9/12/2001

6. FEI Number

59-3743453

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

Robert F Cohen

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

2918 BUSCH LAKE BLVD

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33614

E-mail Address:

REINSTATEMENT RD-11 8/4

rob@robertfcohen.com  
(To be used for future annual report notices)

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

Robert F Cohen

Date

1/4/12

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
MGR	SADIBOU TOURE	8807 RUSTIC TRAIL CT	TAMPA FL 33635
MGR	BINETOU DIADHOU	8807 RUSTIC TRAIL CT	TAMPA FL 33635

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. 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 of Managing  
Member/Manager

[Signature]

Date

1/4/12

Daytime Phone #

813 932 7415

Typed or printed name of signing Managing Member/Manager