

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR
REINSTATEMENT
L01000013234

FILED
OCT 16 2003
03 OCT 21 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000013234
Name and Mailing Address

0011824 01 AT 0.292 **AUTO T4 0 0615 33410-635203
BHD ELECTRICAL, LLC
8259 NORTH MILITARY TRAIL SUITE 3
PALM BEACH GARDENS FL 33410-6352



2. New Mailing Address SAME City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 8259 NORTH MILITARY TRAIL SUITE 3 PALM BEACH GARDENS FL 33410 City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 08/08/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 65-1130540	Applied For Not Applicable
8. Name and Address of Current Registered Agent THOMPSON, DAN 8259 NORTH MILITARY TRAIL SUITE 3 PALM BEACH GARDENS FL 33410		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

10. 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 DP [Signature] **SIGNATURE REQUIRED** Date 10-17-03
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	HARRISON, MARK	8259 NORTH MILITARY TR #3	WEST PALM BEACH FL 33410

000023960420
10/21/03--01020--013 **150.00

REINSTATEMENT 03
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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 DP [Signature] Date 10-17-03 Daytime Phone # 561-694-1056
Typed or printed name of signing Managing Member/Manager MARK HARRISON