

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC 17 PM 2:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000007127

Name and Mailing Address

0006893 01 AT 0.292 **AUTO T6 0 0615 33160-494534



BDC, LLC

1000 ISLAND BOULEVARD, SUITE 2509
AVENTURA FL 33160-4945

ASK



2. New Mailing Address

City, State, Zip

Principal Place of Business

1000 ISLAND BOULEVARD, SUITE 2509
AVENTURA FL 33160

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida

03/26/2002

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

UCC FILING & SEARCH SERVICES, INC.
526 EAST PARK AVE.
STE. 200
TALLAHASSEE FL 32302

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

Alison **SIGNATURE REQUIRED**
REGISTERED AGENT MUST SIGN

Date 12/17/03

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

Managing Member
Bonnie Nelson

1000 Island Blvd.
Ste. 2509

Aventura
FL 33160

9000025778169
12/26/03--01085--010 **155.00

REINSTATEMENT 2003

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

Bonnie Nelson

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager