2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000059206 1. Entity Name BDD, LLC			07 OCT 30 PM 12: 21		
Principal Place of Business Mailing Address 2797 FIRST STREET 2797 FIRST STREET		-		SECRETARY OF STATE TALLAHASSEE FLORIDA	
1901				ACCAMAGOOD	
FORT MYERS, FL 33916 FORT MYERS, FL 33916) INDIANI EN DOND DAN HOND DASK DONG DONG DANG DONG DER ER E ENDE HINGE	
Principal Place of Business - No P.O. Box # Mailing Address					
Suite, Apt. #, etc. Suite, Apt. #, etc.				10172007 REIN-LLC CR2E101 (1/07)	
City & State	City & State			4. FEI Number Applied For Not Applicable	
Zip Country	Zip	Zip Country		5. Certificate of Status Desired 55.00 Additional Fee Required	
6. Name and Address of Current F	ss of Current Registered Agent Name		Name	7. Name and Address of New Registered Agent	
ZAFT, GIDON 2797 FIRST STREET			Street Address (P.O. Box Number is Not Acceptable)		
1901			Silver Acceptable)		
FORT MYERS, FL 33916			City	□ Zip Code	
8. The above named entity submits this statement for	he purpose of changing its r	egistered	,	FL Zip Code ad agent, or both, i in the State of Florida. I am familiar with, and accept	
the obligations of registered agent / // / /					
SIGNATURE Signature, typed or printed name of positive or agent a	and title if applicable. (NO)	TE: Registere	ed Agent signature req	ruired when reinstating) DATE	
FILE NOWIII FEE IS \$50.00 In accordance with s. 607.193(2)(b), F.S. liability company did not receive the prior			93(2)(b), F.S., t eive the prior n	the limited Make check payable to Fiorida Department of State	
9. MANAGING MEMBER	RS/MANAGERS Defete	10.		ADDITIONS/CHANGES Change Addition	
NAME ZAFT, GIDON	Delete	NAM	:	Grange Audition	
STREET ADDRESS 2797 FIRST STREET CITY-ST-ZIP FORT MYERS, FL 33916			ST-ZIP	THE AMES STILL TO THE THE LAW AND THE STILL STIL	
TITLE	☐ Delete Till		l l	10/29/0701073005 • Change • Addition	
STREET ADDRESS	SFF		ET ADDRESS		
CITY-ST-ZIP	☐ Delete	CITY.	ST-ZIP	Change Addition	
NAME	E NAM				
STREET ADDRESS CITY-ST-ZIP			ST-ZIP		
TITLE	☐ Delete TIFL		1	☐ Change ☐ Addition	
STREET ADDRESS		NAME STREE	ET ADDRESS		
CITY-ST-ZIP TITLE	□ 6.u.	c Y	EIN	STATEMENT Change Addition	
NAME NAME			:		
STREET ADDRESS			ET ADDRESS ST-ZIP		
TITLE Delete TITL NAME NAME			I	Change Addition	
NAME STREET ADDRESS	STREET ADDRESS				
CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP 11. hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, F horida Statutes. further certify that the information					
indicated on this report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am a managing member or manager of the limited liability company or the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statu tes.					
1 - M/1					
SIGNATURE: SIGNATURE AND TYPED ON PRINTED PAGE OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daylor Prove I					