


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L07000118499			
1. Limited Liability Company's Name BDBC Construction Group LLC 08			
2. Principal Office Address - No P.O. Box # 1219 E Giddens Ave		3. Mailing Office Address 1219 E Giddens Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tampa, FL		City & State Tampa, FL	
Zip 33603	Country Usa	Zip 33603	Country Usa
4. State/Country of Formation <div style="text-align: right;">Florida</div>			
5. Date Organized or Qualified To Do Business in Florida <div style="text-align: right;">11/28/2009</div>			
6. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable			
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status			
8. Name and Address of Current Registered Agent			
Name Albert Jones			
Street Address (P.O. Box Number is Not Acceptable) 1219 E Giddens Ave			
Suite, Apt. #, Etc.			
City Tampa		State FL	Zip Code 33603
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 10/21/2009			
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	BECTON, NATHAN	1219 E GIDDENS AVE	TAMPA, FLORIDA 33603
MGRM	KRAFT, JENNIFER	1219 E GIDDENS AVE	TAMPA, FLORIDA 33603
MGRM	JONES, ALBERT	1219 E GIDDENS AVE	TAMPA, FLORIDA 33603
<div style="font-size: 2em; font-weight: bold;">REINSTATEMENT</div> <div style="font-size: 1.5em; font-style: italic;">Without Penalty 2008-2009</div> <div style="font-size: 1.5em; font-style: italic;">10/28/09</div>			
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 _____ Date 10/21/2009 Daytime Phone # 813 728 9118			
Typed or printed name of signing Managing Member/Manager ALBERT JONES			