## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY REINSTATEMENT  COMPANY  COMPANY				FILED  10 FEB -9 AM 10: 32	
DOCUMENT # LO 7000 118 499  1. Limited Liability Company's Name  BDBC CONSTRUCTION GROUP 200				SEUNETARY OF STATE FALLAHASSEE, FLORIDA	
2. Principal Office Address - No PO Box# 3. Mailing Office Address				300168345063 0270971001025012 **416.25 cr26041 (11/09)	
· ·	_				
2003 E CA	NACASS T	2003 E CARACAS S T		State/Country of Formation	
Suite, Apt #, etc		Suite, Apt #, etc		F2.0 R1D A  5. Date Organized or Qualified To Do Business in Florida 11/28/2007	
City & State		City & State		4	
TAMOA FL		TAMOA FO	•	6. FEI Number Applied For Not Applicable	
Zıp	Country	Zip	Country		
33610	USA	33610	USA	CERTIFICATE OF STATUS DESIRED  \$5.00 Additional Fee required for a Certificate of Status	
	8. Name and Address of	f Current Registered Agent			
Name				☑ A \$100 reinstatement fee is imposed, except	
NATHAN BECTON				in circumstances which the entity did not	
Street Address (P.O. Box Number is Not Acceptable)				receive the prior notices. By checking this	
2003 E CARA CAS ST				box, you are certifying the prior notices were	
Suite, Apt. #, Etc				not received and requesting the \$100	
City State Zip Code				reinstatement be waived.	
TAMPA FL 33610					
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 REGISTERED AGENT MUST SIGN				Date 02/04/20/0	
10. Names and Street	: Addresses of Managing Mei	mbers/Managers			
Titles	Name of Street Address of Eq.				
MGRM NATHAN BEETON 2003 E CARA				CASST TAMPA FL 33610	
			TOTAL PROFESSION AS AS	1 .50 18-10	
		REINS	IALEN	ENT 08-10	
11. E-mail Address: BDBC CONSTNUCTION C HOTMALLICON To be used for future annual report robifications)					
filing this reinstatem	anaging member/manager o ent application the reason for himited hability company hav	r the receiver or trustee empor r dissolution has been eliminate	wered to execute this applied, the limited liability comp adicated on this application	Ilication as provided for in Chapter 608, F.S. I further certify that when pany name satisfies the requirements of section 608,406, F.S., and that i is true and accurate, and my signature shall have the same legal effect	
Managing Member/Man		1/1-	Date <u>62</u>	04/2010 Daylime Phone # 813-443-4889	
Typed or printed name of	f signing Managing Member.	/Manager /\(\forall \forall \f	CTITU DE	<u>C6014</u>	