

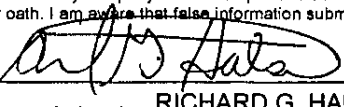


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		15 DEC -1 AM 8:38	
DOCUMENT # L14000193110					
1. Limited Liability Company's Name BDB REAL ESTATE HOLDINGS, LLC					
2. Principal Office Address - No P.O. Box # 6458 BRAMFORD COURT			3. Mailing Office Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State INDIANAPOLIS, IN			City & State		
Zip 46256	Country	Zip	Country		
8. Name and Address of Current Registered Agent					
Name JOHN C. TRENTMAN					
Street Address (P.O. Box Number is Not Acceptable) Suite, 207 N. MAGNOLIA AVENUE					
Apt. #, Etc.					
City OCALA		State FL	Zip Code 34475		
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.					
Signature of Registered Agent 				Date 11-23-11	
REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Authorized Representatives/Managers					
Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager		City / State / Zip	
MBR	ROBERT W. HALSTEAD	1151 N. MAIN RD		JAMESTOWN, RI 02835	
MBR	RICHARD G. HALSTEAD	6458 BRAMFORD CT		INDIANAPOLIS, IN 46256	
MBR	GEORGE A. HALSTEAD, JR.	4600 VIA DOLCE, #119		MARINA DEL RAY, CA 90292	
REINSTATEMENT					
DEC 01 2015					
R. HUNT					
11. E-mail Address: KSHIPLEY@SHIPLEYCPAJD.COM					
<small>(To be used for future annual report notifications)</small>					
12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.					
Signature of authorized representative/member  Date 11-16-15 Daytime Phone # 317-940-6456					
Typed or printed name of signing authorized representative/member RICHARD G. HALSTEAD					