

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

Country

Zip

Country

46256

8. Name and Address of Current Registered Agent

Name

JOHN C. TRENTELMAN

Street Address (P.O. Box Number is Not Acceptable) Suite,

207 N. MAGNOLIA AVENUE

Apt. #, Etc.

City

OCALA

State

FL

Zip Code

34475

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified To Do Business in Florida

12-17-14

6. FEI Number

NONE

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a certificate of status

CR2E041 (1/14)

500279623249
12/01/15--01010--021 **238.75

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

JCT
REGISTERED AGENT MUST SIGN

Date 11-23-11

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

(To be used for future annual report notifications)

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

Richard G. Halstead

Date

11-16-15

Daytime Phone #

317-940-6456

Typed or printed name of signing authorized representative/member

RICHARD G. HALSTEAD