

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV -1 PM 4:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L98000002818

Name and Mailing Address

0011052 01 FP 0.352 \*\*PRST H3 0 0615 33957-451256



BDH PROPERTIES, L.L.C.  
1456 PERIWINKLE WAY  
SANIBEL FL 33957-4512



2. New Mailing Address

15811 San Antonio Ct.

City, State, Zip

Ft. Myers, FL 33908

Principal Place of Business

1456 PERIWINKLE WAY  
SANIBEL FL

3. New Principal Place of Business Address

15811 San Antonio Ct

City, State, Zip

Ft. Myers, FL 33908

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

11/23/1998

6. FEI Number

65-0879792

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

BURNS, JOE

1456 PERIWINKLE WAY  
SANIBEL FL

15811 San Antonio Ct  
Ft. Myers, FL 33908

9. Name and Address of New Registered Agent

Name

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

200008717338

10731702--01014--013 \*\*150.00

City

FL

Zip Code

10. 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

*Joseph L. Burns*

REGISTERED AGENT MUST SIGN

Date 10-27-02

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	BURNS, JOE	1456 PERIWINKLE WAY	SANIBEL FL
MGRM	DOUCETTE, DANIEL R TRUSTEE	250 N. SUNNY SLOPE, SUITE 250	BROOKFIELD WI 53005
MGRM	DOUCETTE, ELIZABETH E TRUSTEE	250 N. SUNNY SLOPE, SUITE 250	BROOKFIELD WI 53005
MGRM	HOCK, JAMES	18215 ALTA VISTA CIRCLE	BROOKFIELD WI 53045

REINSTATEMENT 2002

12. 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

*Joseph L. Burns*

Date

10-27-02

Daytime Phone #

239.454.6576

Typed or printed name of signing Managing Member/Manager

CR2E084 (8/02)