PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 SEP 22 PM 4:01

DOCUMENT # P07000124945

1. Corporation Name

BCODR, INC.

WI-38944

CR2E081 (6/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2653 SNAIL KITE COURT	2653 SNAIL KITE COURT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ST. AUGUSTINE	City & State: ST. AUGUSTINE
Zip: 32092 Country: ST. JOHNS	Zip: 32092 Country: ST. JOHNS

4. Date Incorporated or Qualified To Do Business in Florida: 11/19/2007

5. FEI Number ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: LARRY LIPNER

Street Address (P.O. Box Number is Not Acceptable): 2653 SNAIL KITE COURT

Suite, Apt. #, Etc.

City: ST. AUGUSTINE State: FL Zip Code: 32092

900184380949
08/16/10--01004--022 **750.00

900184380949
09/23/10--01001--015 **308.75

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date 8/11/10
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	GINA KETTERING	2653 SNAIL KITE COURT	ST. AUGUSTINE, FL 32092
ST	JEFFREY KETTERING	2653 SNAIL KITE COURT	ST. AUGUSTINE, FL 32092

9/22

10. E-mail Address: LARRYL1073@AOL.COM
(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid, I further certify, 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: X _____ 8-11-2010 904 945-9574
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #