

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**

2012 OCT -1 AM 8:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (1/11)

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L05000007149

1. Limited Liability Company's Name

**Black Creek Partners, LLC**

2. Principal Office Address - No P.O. Box #

12 C Street

Suite, Apt. #, etc.

City & State

Seacrest FL

Zip

32413

Country

USA

3. Mailing Office Address

12 C Street

Suite, Apt. #, etc.

City & State

Seacrest FL

Zip

32413

Country

USA

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified  
To Do Business in Florida

1/11/2005

6. FEI Number

841670055

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

Name  
**Rick Thompson**

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

Suite, Apt. #, Etc.

City  
Seacrest

State  
FL

Zip Code  
32413

E-mail Address:

100239841971  
09/20/12--01027--006 \*\*655.00  
**pamandrick@mediacombbnet**  
(To be used for future annual report notices)

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

Date 9/4/12

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Rick Thompson	12 C Street	Seacrest / FL / 32413

**REINSTATEMENT**  
J. SAULSBERRY  
EXAMINER  
OCT 1 2012  
2009-2012

11. 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. 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 Managing  
Member/Manager

Date 9/7/2012

Daytime Phone # 850-865-3808

Typed or printed name of signing Managing Member/Manager Rick Thompson