

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

01 DEC 26 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # L00000014674

1. Limited Liability Company's Name

BLANCA PIKE, LLC

2. Principal Office Address

5151 Seashell Avenue

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34103

Country

USA

3. Mailing Office Address

978 N. Telegraph Point Road

Suite, Apt. #, etc.

City & State

Madison, IN

Zip

47250

Country

USA

4. State/Country of Formation

FL/USA

**5. Date Organized or Qualified
To Do Business in Florida**

FEBRUARY 2001

6. FEI Number

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$500 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Walter Grote, Jr.

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

5151 Seashell Avenue

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34103

900004762539-8

01/09/02-01044-017

***150.00 ***150.00

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 Walter Grote, Jr.

REGISTERED AGENT MUST SIGN

Date December 20, 2001

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	Walter Grote, Jr.	978 N. Telegraph Point Road	Madison, IN 47250

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.

Signature of

Managing Member/Manager

Walter Grote, Jr.

Date 12/20/01

Daytime Phone # (941) 4430-1317 FL

(812) 273-1717 IN

Typed or printed name of signing Managing Member/Manager

Walter Grote, Jr.

CR2E041 (9/00)