

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2006 MAR 30 PM 2:32

DOCUMENT # L00000015083

1. Limited Liability Company's Name

REINSTATEMENT

Blaze Investments L.L.C. DB

CR2E041 (8/05)

2. Principal Office Address

4140 NW 7th Ln

Suite, Apt. #, etc.

3. Mailing Office Address

4140 NW 7th Ln

Suite, Apt. #, etc.

City & State

Delray Beach

Zip

Country

U.S.A.

City & State

Delray Beach

Zip

Country

U.S.A.

4. State/Country of Formation

Florida 12/7/2000

5. Date Organized or Qualified
To Do Business in Florida

12/7/2000

6. FEI Number

65-1071421

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

Timothy Cousins

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

4105 NW 2nd St

Suite, Apt. #, Etc.

City

Delray Beach

State
FL

Zip Code

33445

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

Timothy Cousins

REGISTERED AGENT MUST SIGN

Date 3/17/06

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
	Timothy Cousins	4105 NW 2nd St	Delray Beach, FL 33445
	Dale Seibel	4140 NW 7th Ln	Delray Beach, FL 33445

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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

Timothy Cousins

Date 3/17/06

Daytime Phone# 561-703-3488

Typed or printed name of signing Managing Member/Manager

Timothy Cousins