

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

04 FEB -9 AM 8:07

L202/10/04

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L01000000466**

1. Limited Liability Company's Name

BLK, LLC
REINSTATEMENT 2003-2004

2. Principal Office Address

13180 N. Cleveland Ave

Suite, Apt. #, etc.

313

City & State

N. Fort Myers FL

Zip

33903

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified To Do Business in Florida

2/01

6. FEI Number

43-1956902

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

Gibbons, Tucker, Miller, Whatley & Stein (Jacqueline Whatley)

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

121 E. Kennedy Blvd

Suite, Apt. #, Etc.

1000 - Bank of America Plaza

City

Tampa

State

FL

Zip Code

33602-5140

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

Jacqueline B. Whatley, Pres.

Date

1-9-04

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
P	Billy R. Davis, Jr	1935 E. Edgewood Dr Bldg J Lakeland FL	Lakeland, FL 33803
V.P.	Lori Ramey	13180 N. Cleveland Ave #313	N. Fort Myers, FL 33903

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

Lori Ramey

Date

1-5-04

Daytime Phone #

239995-6910

Typed or printed name of signing Managing Member/Manager

Lori Ramey