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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Division of Corporations

002000014236

06/17/04

04 JUN 17 PM 3:11

1. DOCUMENT # L02000014236

Name and Mailing Address

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BLACKFORD, LLC
12295 CASCADES POINTE DRIVE
BOCA RATON FL 33428-4853



REINSTATEMENT 2003-2004

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 06/10/2002	
Principal Place of Business 12295 CASCADES POINTE DRIVE BOCA RATON, FL 33428	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 01-0702995	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent CHERRY, EDWARD KENNEDY ESQ 8040 NW 96TH TERRACE #4-206 TAMARAC FL 33321	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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10. 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

Not required - see simultaneous RA change

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGM David M. Weaver	12295 CASCADES PT DR	Boca Raton, FL 33428
MGM ANN R. Weaver	12295 CASCADES PT DR	Boca Raton, FL 33428
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REINSTATEMENT 2003-2004		

12. 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

Signature of David M. Weaver

Date 1/28/04 Daytime Phone # 561.376.7338

Typed or printed name of signing Managing Member/Manager