PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAR -3 AM 10:47

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000017063

1. Limited Liability Company's Name
BL, LLC

600006810026
03/20/06--01018--015 **300.00

CR2E041 (6/05)

2. Principal Office Address	3. Mailing Office Address
3300 NW 165 Street	PO Box 359
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orange Lake, FL	City & State: Orange Lake, FL
Zip: 32681 Country: USA	Zip: 32681 Country: USA

4. State/Country of Formation: Florida/USA

5. Date Organized or Qualified To Do Business in Florida: July 23, 2002

6. FEI Number: ☐ 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: Melvin J. Jacobowitz

Street Address (P.O. Box Number is Not Acceptable): 11900 Biscayne Blvd.

Suite, Apt. #, Etc.: 720

City: Miami State: FL Zip Code: 33181

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: [signature] REGISTERED AGENT MUST SIGN Date: 2/16/06

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
M	Brian L. Lenobel	3300 NW 165 Street/PO Box 359	Orange Lake, FL 32681
		REINSTATEMENT 03-06	

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 608.508, 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] Date: 2-16-06 Daytime Phone #: 352-591-3020

Typed or printed name of signing Managing Member/Manager: BRIAN L. LENOBEL