

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L02000017063					
1. Entity Name BL, LLC				<div style="text-align: right; font-size: small;">2008 SEP 10 AM 10:11</div> <div style="text-align: center; font-weight: bold;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business 3300 NW 165TH STREET ORANGE LAKE, FL 32681		Mailing Address PO BOX 359 ORANGE LAKE, FL 32681			
2. Principal Place of Business - No P.O. Box # 3300 NW 165 ST		3. Mailing Address 3300 NW 165 ST			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State CITRA FL		City & State CITRA FL		4. FEI Number NOT APPLICABLE	
Zip 32113		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
JACOBOWITZ, MELVIN J ESQ 11900 BISCAYNE BLVD., STE. 720 MIAMI, FL 33181		Name LENOBEL, JANET N.			
		Street Address (P.O. Box Number is Not Acceptable)			
		3300 NW 165 ST			
		City CITRA		FL Zip Code 32113	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE JANET N. LENOBEL		<i>Janet N. Lenobel</i>		09/02/08	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW!!! FEE IS \$277.50		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	M LENOBEL, BRIAN L 3300 NW 165 STREET, PO BOX 359 ORANGE LAKE, FL 32681	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	M Lenobel, Brian L 3300 NW 165 Street CITRA FL 32113	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 200135374832 09/04/08--01041--004 **277.50	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 07-08	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <i>Brian L Lenobel</i>				9-3-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	