

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

09 NOV 13 PM 3:40

DOCUMENT # L020000031097

1. Limited Liability Company's Name

BLACKSHIELD PLATYPUS LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

5220 SW 64 AVE

Suite, Apt. #, etc.

City & State

DAVIE, FL

Zip

33314

Country

BROWARD

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FLORIDA/ BROWARD

5. Date Organized or Qualified

To Do Business in Florida 11/20/02

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

CRISTINA RODRIGUEZ

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

5220 DAVIE ROAD

Suite, Apt. #, Etc.

City

DAVIE

State

FL

Zip Code

33314

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

Date NOVEMBER 4, 2009

REGISTERED AGENT MUST SIGN

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
MMGR	CRISTINA RODRIGUEZ	5220 SW 64 AVE	DAVIE, FL 33314
M	MATT MITCHELL	12925 MORINGPARK CIRCLE	MILTON, GA 30004

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REINSTATEMENT 2009

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

Date

11-4-09

Daytime Phone #

954 797-5215

Typed or printed name of signing Managing Member/Manager

CRISTINA RODRIGUEZ

T. Hampton NOV 16 2009