

2009 Annual Report


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 APR 21 AM 8:30

SECRETARY OF STATE
TALLAHASSEE FLORIDA

700150702567
04/16/09--01044--030 **238.75
CR2E041 (10/08)

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L03000038769

1. Limited Liability Company's Name

BLACK CORAL INTERNATIONAL LLC

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

VAN GIBBS

Suite, Apt. #, etc.

City & State

MIAMI

Zip

33156

Country

3. Mailing Office Address

8390 SW 94TH STREET

Suite, Apt. #, etc.

City & State

FL

Zip

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

2000

6. FEI Number

731684030

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
VAN GIBBS

Street Address (P.O. Box Number is Not Acceptable)
8390 SW 94TH STREET

Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33156

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

Van Gibbs

Date

4-11-09

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
PRES	VAN GIBBS	8390 SW 94TH ST	MIAMI, FL 33156

L. SELLERS

APR 22 2009

EXAMINER

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

Van Gibbs

Date

4-11-09

Daytime Phone #

Typed or printed name of signing Managing Member/Manager VAN GIBBS