

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 MAY 14 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 604000003663

1. Limited Liability Company's Name

AL BLACKBURN JR. LLC

200128803222
05/08/08--01014--014 **416.25

CR2E041 (1/07)

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

717 Pineland Trail

Suite, Apt. #, etc.

3. Mailing Office Address

717 Pineland Trail

Suite, Apt. #, etc.

City & State

Ormond Beach

City & State

Ormond Beach

Zip

32174

Country

USA

Zip

32174

Country

USA

4. State/Country of Formation

FLORIDA

**5. Date Organized or Qualified
To Do Business in Florida**

1/12/2004

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

AL BLACKBURN JR

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

717 Pineland Trail

Suite, Apt. #, Etc.

City

Ormond Beach

State

FL

Zip Code

32174

☒ 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**

Al Blackburn Jr.

REGISTERED AGENT MUST SIGN

Date

4/30/08

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
MGR	AL Blackburn JR	717 Pineland Trail	Ormond Beach, FL 32174

REINSTATEMENT

06-08

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**

Al Blackburn Jr.

Date

4/30/08

Daytime Phone # (386) 676-4447

Typed or printed name of signing Managing Member/Manager

AL Blackburn JR