


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

EPDVNF0U!\$ L04000033519 2/ Entity Name BLOKSTONE INVESTMENTS GROUP, LLC	
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 23 AM 10:13

Principal Place of Business 526110X18U ITUTUF311 DPIBEEINPSHRO NENUGM44237	Mailing Address 526110X18U ITUTUF311 DPIBEEINPSHRO NENUGM44237
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3/ Principal Place of Business Suite, Apt. #, etc.	4/ Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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10182006 SF.D.MD DS3F212122016*

5/ FEI Number 20-2644830	Applied For Not Applicable
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6/ Certificate of Status Desired <input type="checkbox"/>	9/11 Beejupobm G11S1rvjse
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7/ Obn f lboelBeeef t t lpgDvsef ouSf hjt u f s f elBhf ou MOREJON, AIDA 4150 NW 7TH ST, STE 200 MIAMI, FL 33126	8/ Obn f lboelBeeef t t lpgDvsef ouSf hjt u f s f elBhf ou Name Street Address (P.O. Box Number is Not Acceptable) City GM Zip Code
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9/ 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  DATE

FILE NOW!!! FEE IS \$50.00 After January 1, 2007, Fee will be \$100.00	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
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MANAGING MEMBERS/MANAGERS		ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOREJON, AIDA 4150 NORTHWEST 7TH STREET SUITE 200 MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200081114842 10/23/06--01034--001 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MOREJON, JULIO JR 4150 NORTHWEST 7TH STREET SUITE 200 MIAMI, FL 33126 <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	REINSTATEMENT 2006 <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
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

22/ 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.

TJHOBVSF TJHOBVSF B00100FE PS QSJ0FE OBNF PGTJH0CH N80BHJH NFNCF8- N80BHFS4PSBVU PSJ FEISFGSFTT0UBUW*	Date	Daytime Phone #
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