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# LIMITED LIABILITY REINSTATEMENT

## BLACKWATER CROSSING, LLC

| | |
|---|---|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | $205.00 |

J. BRYAN NOV 21 2006

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Document prepared by: Carol Borglum
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**LIMITED LIABILITY COMPANY REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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1. Limited Liability Company's Name
BLACKWATER CROSSING, LLC

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 2439 Highland Hills Dr | P.O. Box 4649 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: El Dorado Hills CA | City & State: El Dorado Hills, CA |
| Zip: 95762 Country: USA | Zip: 95762 Country: USA |

4. State/Country of Formation: Florida, USA

5. Date Organized or Qualified To Do Business in Florida: 07/02/2004

6. FEI Number: 20-5913159 ☐ 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: F&L Corp.

Street Address (P.O. Box Number is Not Acceptable): One Independent Drive

Suite, Apt. #, Etc.: Suite 1300

City: Jacksonville State: FL Zip Code: 32202

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: [signature], Agent — REGISTERED AGENT MUST SIGN

Date: November 20, 2006

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 | Dennis King | 2439 Highland Hills Dr | El Dorado Hills, CA 95762 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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 608.408, 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: [signature] Date: 11-20-06 Daytime Phone #: 530 295 4329

Typed or printed name of signing Managing Member/Manager: Dennis King