PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STA Secretary of State DIVISION OF CORPORATIONS	DIVI	FILED ECRETARY OF STATE SION OF CORPORATIONS NOV - 6 PM 4: 17		
DOCUMENT # 604000054899 1. Limited Liability Company's Name BlackRock ONL, ZZC.					
2. Principal Office Address - No P.O. Box # / 3. Mailing Office Address			CR2E041 (1/07)		
2816 M.E. 37th St	Same	4. State/Cou	4. State/Country of Formation		
Suite, Apt. #, etc.	Apt. #, etc. Suite, Apt. #, etc.		Flouda/USA		
			5. Date Organized or Qualified To Do Business in Florida		
For Landerdale 71.	City & State	6. FEI Numb		Applied For	
Zip Country	Zip Country	<u> 75-3/</u>	6 <u>3498</u>	Not Applicable	
33308 USA	Country	7. CERTIFICAT		Additional Fee required a Certificate of Status	
8. Name and Address of Current Registered Agent					
Name Dn. QM Zaslow			A \$100 reinstatement fee is imposed, except in circumstances which the entity did not		
Street Address (P.O. Box Number is Not Acceptable)			receive the prior notices. By checking this box, you are certifying the prior notices were		
Suite, Apt. #, Etc.			not received and requesting the \$100 reinstatement be waived.		
701 Landisdele 7/ State Zip Code FL 33308			were sent to previous lawyers		
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 REGISTERED AGENT MUST SIGN			Date 10/31/0	9	
10. Names and Street Addresses of Managing Members/Managers					
Titles Name of Street Address of Ea Managing Members/Managers Managing Member/Man		/Manager	City / State /	Zip	
MBRM Dr. J.M. Zaslow 76 Loudenlake 71					
MARM Carolyn & Zaslow 2816 / 37th St. 76. Tanderdole 24333					
		4 C 11/02.	<u> </u> 011163447		
	RE	REINSTATEMENT 2006-07			
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 filling 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 Un UN Zaslow Date 19/31/17 Daytime Phone# 951/588 2558					
Typed or printed name of signing Managing Member/Manager DR. I. M. ZASLow					