

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2012 OCT -1 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000007149

1. Limited Liability Company's Name

Black Creek Partners, LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # 12 C Street		3. Mailing Office Address 12 C Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Seacrest FL		City & State Seacrest FL	
Zip 32413	Country USA	Zip 32413	Country USA

4. State/Country of Formation FL/USA	
5. Date Organized or Qualified To Do Business in Florida 1/11/2005	
6. FEI Number 841670055	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name Rick Thompson			
Street Address (P.O. Box Number is Not Acceptable) 12 C Street			
Suite, Apt. #, Etc.			
City Seacrest	State FL	Zip Code 32413	

E-mail Address:
100239841971
09/20/12--01027--006 **655.00
pamandrick@mediacombbnet
(To be used for future annual report notices)

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 Date 9/4/12
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
MGR	Rick Thompson	12 C Street	Seacrest / FL / 32413

REINSTATEMENT
J. SAULSBERRY
EXAMINER
OCT 1 2012
2009-2012

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager Date 9/7/2012 Daytime Phone # 850-865-3808
Typed or printed name of signing Managing Member/Manager Rick Thompson