

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 NOV 27 PM 12:02

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L05000010024

1. Limited Liability Company's Name

Blackstone Capital LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #
5979 NW 151 Street

3. Mailing Office Address
5979 NW 151 Street

Suite, Apt. #, etc.
200

Suite, Apt. #, etc.
200

City & State
Miami Lakes, FL

City & State
Miami Lakes, FL

Zip
33014

Country
USA

Zip
33014

Country
USA

4. State/Country of Formation
Florida/ USA

5. Date Organized or Qualified
To Do Business in Florida **01/27/2005**

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
Ameena H. Ali

Street Address (P.O. Box Number is Not Acceptable)
5979 NW 151 Street

Suite, Apt. #, Etc.
200

City
Miami Lakes

State Zip Code
FL 33014

☒ 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

Ameena H. Ali

REGISTERED AGENT MUST SIGN

Date **10/29/07**

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
mgrm	Ameena H. Ali	5979 NW 151 Street, Suite 200	Miami Lakes, FL 33014

REINSTATEMENT

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

Ameena H. Ali

Date **10/29/07**

Daytime Phone # **(305) 828-7333**

Typed or printed name of signing Managing Member/Manager

AMEENA H. ALI