

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2009 AUG -4 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000012448

1. Limited Liability Company's Name

BLACKHEATH PROPERTIES, LLC

400159077244
07/30/09--01048--004 **793.75

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 4605 BLACKHEATH CT		3. Mailing Office Address 4605 BLACKHEATH CT	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ROCKLEDGE, FL		City & State ROCKLEDGE, FL	
Zip 32955	Country UNITED STATES	Zip 32955	Country UNITED STATES

4. State/Country of Formation FLORIDA / UNITED STATES	
5. Date Organized or Qualified To Do Business in Florida JANUARY 31, 2005	
6. FEI Number	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
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 CORPORATION SERVICE COMPANY		
Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET		
Suite, Apt. #, Etc.		
City TALLAHASSEE	State FL	Zip Code 32301-2525

☐ 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 	Date 7/6/2009

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	Benedict Y. Kim	250 21st Street, NW	Canton, OH 44709
MGRM	Peter K. Kim (A.K.A. Kyung-Doo Kim)	1010 Ardmoore Dr.	Bloomfield Hills, MI 48301

REINSTATEMENT 06-09
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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 X	Date 7/25/09	Daytime Phone # 330-452-4729
Typed or printed name of signing Managing Member/Manager BENEDICT Y. KIM		