PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 OCT -7 PM 2:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000067828

CR2E041 (10/08)

1. Limited Liability Company's Name

Black Pearl Real Estate, LLC

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| 400 S. Atlantic Ave | P.O. Box 11183 |
| Suite, Apt. #, etc.: 114 | Suite, Apt. #, etc.: |
| City & State: Ormond Beach, FL | City & State: Daytona Beach, FL |
| Zip: 32176 Country: U.S.A. | Zip: 32120 Country: U.S.A. |

4. State/Country of Formation: FL / Volusia

5. Date Organized or Qualified To Do Business in Florida: 7/5/2006

6. FEI Number: 20-5363581 ☐ 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: Loretta Arthur
Street Address (P.O. Box Number is Not Acceptable): 400 S. Atlantic Ave.
Suite, Apt. #, Etc.: 114
City: Ormond Beach, FL State: FL Zip Code: 32176

☐ 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 10-8-2009
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 |
|---|---|---|---|
| MGRM | Loretta Arthur | 400 S. Atlantic Ave. 114 | Ormond Beach, FL 32176 |
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REINSTATEMENT
08-09

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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 608.408, 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 _____ Date 10/8/09 Daytime Phone # 386-527-2230

Typed or printed name of signing Managing Member/Manager _____

OCT - 8 2009