PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Limited Liability Company
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 JAN -7 PM 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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01/06/10--01011--002 **138.75

CR2E081 (11/09)

DOCUMENT # L07000065881

1. Corporation Name
BlenJAMAICA International Solutions, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1711 Jefferson St	PO Box 221971
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hollywood FL	City & State: Hollywood, FL
Zip: 33020 Country: Broward	Zip: 33022 Country: Broward

4. Date Incorporated or Qualified To Do Business in Florida: Yes

5. FEI Number: 260411049 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. **Name and Address of Current Registered Agent**

Name: Nejila Innerarity Clarke

Street Address (P.O. Box Number is Not Acceptable): 1711 Jefferson St

Suite, Apt #, Etc:

City: Hollywood State: FL Zip Code: 33020

☒ The 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 reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Nejila [signature] Date: Dec 20, 2009
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
MGRM	Nejila Innerarity Clarke	1711 Jefferson St	Hollywood FL 33020
	REINSTATEMENT 09		

10. **E-mail Address:** info@BlenJ.com
(To be used for future annual report notification)

11. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, 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: Nejila [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #