

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 JUN 18 AM 10:08

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

1. Limited Liability Company's Name

BLACKJACK BILL, LLC

000182327930
06/18/10--01030--007 **521.25

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # 2937 SW 27th Ave.		3. Mailing Office Address	
Suite, Apt. #, etc. Suite 101		Suite, Apt. #, etc.	
City & State Miami, FL		City & State	
Zip 33133	Country USA	Zip	Country

4. State/Country of Formation FLORIDA/USA	
5. Date Organized or Qualified To Do Business in Florida 10/15/07	
6. FEI Number	Applied For
	<input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$500 Additional Fee required for a Certificate of Status	

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.

B. Name and Address of Current Registered Agent		
Name		
MICHAEL J. ROSEN		
Street Address (P.O. Box Number is Not Acceptable)		
2937 SW 27th Ave.		
Suite, Apt. #, Etc.		
Suite 101		
City	State	Zip Code
Miami	FL	33133

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 808, F.S.

**Signature of
Registered Agent**

Date 6.10.2010

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	JESSICA ELSWICK, as <u>Successor Trustee of</u> William Elswick Trust	1325 East Lake Drive	Ft Lauderdale, FL 33316
	REINSTATEMENT <u>2008-2010</u>		

11. E-mail Address: t1m@m1rosenlaw.com

(To be used for future annual report notifications)

12. 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

Date 07/11/0

Daytime Phone # **646.734.6112**

Typed or printed name of signing Managing Member/Manager

Jessica Elswick, Successor Trustee

T. Hamilton JUN 10 2010