

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L09000038303

1. Limited Liability Company's Name

Blackstone Bar Prep LLC

2. Principal Office Address - No P.O. Box #

Suite 200, 931 S.Semoran Blvd

3. Mailing Office Address

Same

Suite, Apt. #, etc.

200

Suite, Apt. #, etc.

Same

City & State

Winter Park FL

City & State

Winter Park FL

Zip

32792

Country

Orange

Zip

32792

Country

Orange

4. State/Country of Formation

ORANGE

5. Date Organized or Qualified
To Do Business in Florida

4/20/09

6. FEI Number

26-4681230

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 **Wallace M. Rudolph**

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

931 S. Semoran Blvd.

Suite, Apt. #, Etc.

200

City

Winter Park

State

FL

Zip Code

32792

E-mail Address:

100196098571

03/23/11--01001--007 **138.75

WMA337E@hotmail.com
(To be used for future annual report notices)

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

Wallace M. Rudolph

Date Feb 21, 2011

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
MGMR	Wallace M. Rudolph	#200 931 S. Semoran Blvd	Winter Park FL 32792

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Wallace M. Rudolph

Date

2/21/11

Daytime Phone #

407 691 3929

Typed or printed name of signing Managing Member/Manager **Wallace M. Rudolph**



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 3, 2011

BLACKSTONE BAR PREP LLC
931 S. SEMORAN BLVD., SUITE 200
WINTER PARK, FL 32792

SUBJECT: BLACKSTONE BAR PREP LLC
Ref. Number: L09000038303

We have received your document for BLACKSTONE BAR PREP LLC and your check(s) totaling \$238.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$138.75 filing fee per year for the years 2010 through 2011; and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$377.50.

There is a balance due of \$138.75.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 011A00005270