## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED L	PANY		DEPARTMENT OF STATE Secretary of State	FILED 12 NOV 27 PM 2: 35	
REINSTA	TEWENT	DIV	ISION OF CORPORATIONS	SECRETARY OF STATE	
DOCUMENT # L09000090688				TALLARA SEE FLORIDA	
1. Limited Liability					
Blackwood Acres, LLC				900242003149 11/20/1201029006 **\$16.25	
			Office Address	CR2E041 (1/11)	
			S.W. 8th Court	4. State/Country of Formation	
Suite, Apt. #, etc. Suit			etc.	Florida / U.S.A.  5. Date Organized or Qualified	
City & State Cit				To Do Business in Florida 9/21/2009	
Davie		Davie		6. FEI Number 46-1386925 Applied For Not Applicable	
<sup>Zip</sup> 33325	U.S.A.	<sup>Zip</sup> 33325	Country U.S.A.	7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent					
Name  Alfred Dorrenberg				E-mail Address:	
Street Address (P	O. Box Number is Not Accepta	ble)		<del></del>	
12474 S.W. 8th Court Suite, Apt. #, Etc.				┨	
City			State   Zip Code	dorrenberg@hotmail.com	
Davie			FL 33325	(To be used for future annual report notices)	
		above named limite	ed liability company, am familiar with a	and accept the obligations of Chapter 608, F.S.	
Signature of Registered A		REGISTERED A	GENT MUST SIGN	Date 11/14/12	
10. Names and S	t Street Addresses of Managing N				
Titles	Name of Street Address of Ea Managing Members/ Managers Managing Member/ Ma				
MGRM	Alfred Dorrenb	erg	12474 S.W. 8th	Court Davie, FL 33325	
F	REINSTA	TEMI	ENT 10-12	NOV 2 8 2012	
				SELLERS-	
this reinstatem	ent application the reason for di	issolution has beer	n eliminated, the limited liability compa	plication as provided for in Chapter 608, F.S. I further certify that when filing any name satisfies the requirements of section 608.406, F.S., and that all n is true and accurate, and my signature shall have the same legal effect as	

Typed or printed name of signing Managing Member/Manager