PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 NOV 17 PM 1:36

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (05/10)

DOCUMENT # L09000101703

1. Limited Liability Company's Name

BLACK DOG EXPRESS, LLC

10

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1556 AUSTIN LANE	1556 AUSTIN LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SAINT AUGUSTINE, FL	City & State: SAINT AUGUSTINE, FL
Zip: 32092 Country: US	Zip: 32092 Country: US

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 10/21/2009

6. FEI Number: ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee Required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET

Suite, Apt. #, Etc.

City: TALLAHASSEE State: FL Zip Code: 32301

BK

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 11-17-10

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	PETER KNIPPEN	1556 AUSTIN LANE	SAINT AUGUSTINE, FL 32092

REINSTATEMENT 2010

11. E-mail Address: _____
(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 608.508, 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 11-9-2010 Daytime Phone # 904-282-2287

*Typed or printed name of signing Managing Member/Manager: PETER KNIPPEN

L09000101703

CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 579252 7732184

AUTHORIZATION :

COST LIMIT : $ 238.75

ORDER DATE : November 16, 2010

ORDER TIME : 8:59 AM

ORDER NO. : 579252-005

CUSTOMER NO: 7732184

DOMESTIC FILINGS

NAME: BLACK DOG EXPRESS, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds - Ext# 2933

EXAMINER'S INITIALS BK

RECEIVED
10 NOV 17 AM 10:46
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