

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 14 NOV 20 PM 3: 06 SECRETARY OF STATE TALLAHASSEE, FLORIDA													
DOCUMENT # L13000151316 1. Limited Liability Company's Name BLACK STEEL 2000, LLC																	
2. Principal Office Address - No P.O. Box # 561 SW Hiawatha St Suite, Apt. #, etc.		3. Mailing Office Address 561 SW Hiawatha St Suite, Apt. #, etc.		CR2E041 (1/14)													
City & State Port St. Lucie, FL Zip Country 34953		City & State Port St. Lucie, FL Zip Country 34953		4. State/Country of Formation Florida 5. Date Organized or Qualified To Do Business In Florida 10/28/2014													
6. FEI Number 46-4003677				Applied For ☐ Not Applicable													
7. CERTIFICATE OF STATUS DESIRED ☐				\$5.00 Additional Fee required for a Certificate of Status													
B. 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 State Zip Code TALLAHASSEE FL 32301																	
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S. Signature of Registered Agent Courtney Williams REGISTERED AGENT MUST SIGN Asst. Vice President Date 11/20/14																	
10. Names and Street Addresses of Authorized Representatives/Managers <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Titles</th> <th style="width: 30%;">Name of Authorized Representatives/Managers</th> <th style="width: 30%;">Street Address of Each Authorized Representative/Manager</th> <th style="width: 30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>AMBR</td> <td>Robert Zepik</td> <td>561 SW Hiawatha St.</td> <td>Port St. Lucie, FL 34953</td> </tr> <tr> <td colspan="4" style="height: 100px; vertical-align: bottom; text-align: center;"> REINSTATEMENT NOV 20 2014 R. HUNT </td> </tr> </tbody> </table>						Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip	AMBR	Robert Zepik	561 SW Hiawatha St.	Port St. Lucie, FL 34953	REINSTATEMENT NOV 20 2014 R. HUNT			
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REINSTATEMENT NOV 20 2014 R. HUNT																	
11. E-mail Address: _____ (To be used for future annual report notification)																	
12. I certify that I am an authorized representative/manager of the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S. Signature of Authorized Representative/Manager Date 11/18/2014 Daytime Phone # 269-369-7497 Typed or printed name of signing Authorized Representative/Manager Robert Zepik																	



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 339515 7962271

AUTHORIZATION :

COST LIMIT : \$ 238.75

ORDER DATE : October 16, 2014

ORDER TIME : 10:39 AM

ORDER NO. : 339515-010

CUSTOMER NO: 7962271

DOMESTIC FILINGS

NAME: BLACK STEEL 2000, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - Ext# 62935 NOV 20 2014

EXAMINER'S INITIALS R. HUNT

2014 NOV 20 PM 2:11
SUPERIOR OF FILING