

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L19000152657

1. Limited Liability Company's Name
Black Star LLC

2. Principal Office Address - No P.O. Box #
6540 78th Ave N

Suite, Apt. #, etc.

City & State
Pinellas Park, FL

Zip
33781

Country
USA

3. Mailing Office Address
6540 78th Ave N

Suite, Apt. #, etc.

City & State
Pinellas Park, FL

Zip
33781

Country
USA

8. Name and Address of Current Registered Agent

Name
Sharon Boatright

Street Address (P.O. Box Number is Not Acceptable) Suite,
6540 78th Ave N

Apt. #, Etc.

City
Pinellas Park

State
FL

Zip Code
33781

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

Sharon Boatright

REGISTERED AGENT MUST SIGN

Date **August 30, 2023**

10 Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Sharon Boatright	6540 78th Ave N	Pinellas Park, FL 33781
MGR	Alann Boatright	6540 78th Ave N	Pinellas Park, FL 33781

11. E-mail Address **alann.b@missinglnk.com**

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or 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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Sharon Boatright

Date

08/30/2023

Daytime Phone #

(303) 489-9984

Typed or printed name of signing authorized representative/member

Sharon Boatright

800427536918
04/10/24--01005--007 **490.00

800427536918
09/05/23--01023--020 **243.75

800427536918
03/27/25--01025--001 **60.00

4. State/Country of Formation
Florida/USA

5. Date Organized or Qualified
To Do Business in Florida **August 19, 2008**

6. FEI Number
26-3754742

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

**\$5.00 Additional Fee required
for a certificate of status**

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