

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 NOV -8 PM 12:17

**DOCUMENT #**

1. Limited Liability Company's Name

M-941  
BLACKWOOD Securities, LLC  
40 WALL STREET 29TH FL  
NY NY 10005

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Office Address

40 WALL STREET

Suite, Apt. #, etc.

29TH FL

City & State

NY NY

Zip

10005

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT 200**

4. State/Country of Formation

New York

5. Date Organized or Qualified  
To Do Business in Florida

JUNE 23, 2000

6. FEI Number

13-3983783

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

SCOTT C. ROE

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

~~1600 S.E. 15TH STREET~~ #410 500 EAST BROWARD BLVD. SUITE 1620

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

State

FL

Zip Code

33394

33316

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

Scott C. Roe

REGISTERED AGENT MUST SIGN

Date NOV. 5, 2001

**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
MAN MEMBER	CRAIG SCHLIFSTEIN	40 WALL STREET 29TH FL	NY NY 10005
✓	BEN WEINGER	40 WALL STREET 29TH FL	NY NY 10005

**PAY** 004691452--7  
11/21/01--01083--003  
\*\*\*\*150.00 \*\*\*\*150.00

11. I certify that I am managing member/manager for 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.

Signature of  
Managing Member/Manager

Date 11/2/01

Daytime Phone # 812 647-4002

Typed or printed name of signing Managing Member/Manager