

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR  
REINSTATEMENT  
JIM SMITH  
Secretary of State  
DIVISION OF CORPORATIONS

02 NOV -7 AM 10:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # M01000002140  
Name and Mailing Address

0008125 01 FP 0.352 \*\*PRSRT T5 0 0615 60606-400200  
BLACKWELL CONSULTING SERVICES, LLC  
100 SOUTH WACKER DRIVE, SUITE 800  
CHICAGO IL 60606-4002

REINSTATEMENT 7002  
[Barcode]

2. New Mailing Address City, State, Zip		4. State/Country of Formation IL	
Principal Place of Business 100 SOUTH WACKER DRIVE, SUITE 800 CHICAGO IL 60606		5. Date Organized or Qualified To Do Business in Florida 09/19/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 36-4068148	
8. Name and Address of Current Registered Agent SEALS, NORBERT 4100 N.E. 2ND AVENUE, SUITE 200 MIAMI FL 33137		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
		9. Name and Address of New Registered Agent	
		Name Janee Blackwell	
		Street Address (P.O. Box Number is Not Acceptable) 3180 Gifford Lane City Miami FL Zip Code 33133	
10. 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 <u>Janee Blackwell</u> Date <u>11/10/02</u> REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
CEO	Robert D. Blackwell	115 S. Wells	Beverly Shores, IN 46301
			200008875452 11/07/02-01078-007 **200.00

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 608.406, 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 Robert D. Blackwell Date 10/24/2002 Daytime Phone # 312-873-5224

Typed or printed name of signing Managing Member/Manager Robert D. Blackwell