

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAR -2 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200141461442
01/20/03--01007--019 **243.75

CR2E041 (10/08)

DOCUMENT # M01000002140

1. Limited Liability Company's Name

Blackwell Consulting Services, LLC

2. Principal Office Address - No P.O. Box #

100 South Wacker Drive

Suite, Apt. #, etc.

800

City & State

Chicago

Zip

IL

Country

60606

3. Mailing Office Address

100 South Wacker Drive

Suite, Apt. #, etc.

Suite 800

City & State

Chicago

Zip

IL

Country

60606

4. State/Country of Formation

Illinois

5. Date Organized or Qualified

To Do Business in Florida 9/19/2001

6. FEI Number

36-4068148

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

Jane Blackwell

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

14326 S.W. 98th Terrace

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33133

[] A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

Jane Blackwell

REGISTERED AGENT MUST SIGN

Date 1-16-08

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
MGRM	Robert D. Blackwell Sr.	115 S. Wells	Beverly Shores, IN 46301
			200141461442 03/03/03--01002--002 **277.50

REINSTATEMENT

07-09

11. 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 Sr.

Date 1/16/08

Daytime Phone # 312-873-5224

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