PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2016 APR 25 PM 2:15

TALLAHASSEE, FLORIDA

APR 25 2016

L BERGER

CR2E041 (1/14)

DOCUMENT # M06000003897

1. Limited Liability Company's Name
BL-MARKETPLACE, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
227 WEST FAYETTE STREET	227 WEST FAYETTE STREET
Suite, Apt. #, etc: SUITE 300	Suite, Apt. #, etc: SUITE 300
City & State: SYRACUSE, NY	City & State: SYRACUSE, NY
Zip: 13202 Country: USA	Zip: 13202 Country: USA

4. State/Country of Formation: DELAWARE

5. Date Organized or Qualified To Do Business in Florida: JULY 13, 2006

6. FEI Number: 20-5154523 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑ $5.00 Additional Fee required for a certificate of status

100284999021
04/25/16--01008--008 **30.00

100284999021
04/25/16--01008--007 **377.50

8. Name and Address of Current Registered Agent

Name: THOMAS N. HENDERSON, III

Street Address (P.O. Box Number is Not Acceptable) Suite,: 101 E. KENNEDY BLVD., SUITE 3700

Apt. #, Etc:

City: TAMPA State: FL Zip Code: 33602

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: Thomas N. Henderson III Date: APRIL 22, 2016

REGISTERED AGENT MUST SIGN

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	WILLIAM B. YEOMANS	227 W. FAYETTE STREET, STE 300	SYRACUSE, NY 13202
MGR	PATRICK M. KILMARTIN	227 W. FAYETTE STREET, STE 300	SYRACUSE, NY 13202
	REINSTATEMENT		
	2015-2016		

11. E-mail Address: CLOCKWOOD@BROOKLINEDEVELOPMENT.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: Date: 4/22/2016 Daytime Phone #: 315-295-0819

Typed or printed name of signing authorized representative/member: WILLIAM B. YEOMANS