

APPLICATION FOR
REINSTATEMENT FOR
LIMITED LIABILITY COMPANY



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 NOV 16 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # M97000000453**

Blackcave I, L.L.C.
P.O. Box 81322
Mobile, AL 36689

1a. Principal Place of Business Address

3800 Airport Blvd. #201
Mobile, AL 36608

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		P.O. Box 81322		07/29/1997	AL
City & State		City & State		4. FEI Number	<input type="checkbox"/> Applied For
Zip		Zip		72-1384584	<input type="checkbox"/> Not Applicable
Country		Country		5. Date of Last Report	6. Certificate of Status Desired
36689		USA			\$8.75 Additional Fee Required <input checked="" type="checkbox"/>

7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent	
Cave, L.W. 3204 North Pace Blvd. Pensacola, FL 32505		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 300002634369 City 11/23/38-01134-007 ***007-50 ***007-50 Zip Code FL	

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 *L.W. Cave* Date _____
REGISTERED AGENT MUST SIGN

10. Title	Managing Members/Managers	Business Street Address	City, State & Zip Code
MGRM	Cave, L.W.	3800 Airport Blvd. Suite 201	Mobile, AL 36608

REINSTATEMENT 98 avs
dec

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 *L.W. Cave* Date 10-27-98 Daytime Phone # (334) 343-1040

Typed or printed name of signing Managing Member/Manager: L.W. Cave