

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	
Mobile, AL		Mobile, AL		72-1384584	
Zip	Country	Zip	Country	5. Date of Last Report	
36689	USA	36689	USA	6. Certificate of Status Desired	
				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of Current Registered Agent

Cave, L.W.  
3204 North Pace Blvd.  
Pensacola, FL 32505

8. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, etc.	<del>300002634369</del>
City	<del>11/23/38-01134-007</del> <del>***007-50 ***007-50</del> <b>FL</b>

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

Date

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

Date 10-27-98

Daytime Phone # (334) 343-1040

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