

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 APR 17 AM 9:21

DOCUMENT # N96000003078

1. Limited Liability Company's Name

BLACKMAN COMMUNITY CENTER, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
100259167261
05/16/14--01003--002 **58.75

CR2E041 (1/14)

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

7590 HWY. 189 N.

Suite, Apt. #, etc.

3. Mailing Office Address

7590 HWY. 189 N.

Suite, Apt. #, etc.

4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business in Florida

06/10/1996

6. FEI Number

593461694

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

City & State

BAKER, FL.

Zip

32531

Country

OKALOOSA

City & State

BAKER, FL.

Zip

32531

Country

OKALOOSA

8. Name and Address of Current Registered Agent

Name

LARRY CUNNINGHAM

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

7558 RED BARROW RD.

Suite, Apt. #, Etc.

REINSTATEMENT

2013 - 2014-297.50

100259167261

04/17/14--01020--001 **238.75

City

BAKER

State

FL

Zip Code

32531

W14-25107

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

Larry Cunningham
REGISTERED AGENT MUST SIGN

Date

4/10/14
S. HAWKES

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	APR 18 AM City / State / Zip
<u>P</u>	<u>LARRY CUNNINGHAM</u>	<u>7558 RED BARROW RD.</u>	<u>BAKER, FL. 32531</u> EXAMINER
<u>VP</u>	<u>TONY MASON</u>	<u>7425 PAPPALAWRENCE DR.</u>	<u>LAUREL HILL, FL 32567</u>
<u>S</u>	<u>RUTH ROBINSON</u>	<u>2448 R.J. STABLEY RD.</u>	<u>BAKER, FL. 32531</u>
<u>J</u>	<u>VANESSA MILLER</u>	<u>8513 YELLOW RIVER CHURCH RD.</u>	<u>BAKER, FL. 32531</u>
<u>D</u>	<u>ALLEN TEW</u>	<u>7491 RED BARROW RD.</u>	<u>BAKER, FL. 32531</u>
<u>D</u>	<u>HARVEY GATEWOOD</u>	<u>8256 THAMES RD.</u>	<u>BAKER, FL. 32531</u>

11. E-mail Address:

N/A

(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 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 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Larry Cunningham

Date

4/10/14

Daytime Phone

(850) 537-2941

Typed or printed name of signing Authorized Representative/Manager

LARRY CUNNINGHAM