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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
**Glenda E. Hood**
Secretary of State
DIVISION OF CORPORATIONS

1082

FILED
03 OCT 30 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000021842

Name and Mailing Address

0004750 01 AT 0.292 **AUTO T0 0 0615 33021-660301

BLUE SKY INVESTMENT LLC
201 N 46 AVENUE
HOLLYWOOD FL 33021-6603

CR2E084 (7/03)

2. New Mailing Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida 08/26/2002

Principal Place of Business
201 N 46 AVENUE
HOLLYWOOD FL 33021

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number 22-3870896 ☐ 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**

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

9. **Name and Address of New Registered Agent**

Name

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

City FL Zip Code

10. 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 SIGNATURE REQUIRED Date 10-26-03
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

| Title(s) | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
|---|---|---|---|
| MGRM | SYNFELT, KENNETH A | 201 N 46 AVENUE | HOLLYWOOD FL 33021 |
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10/30/03 01011 001 **50.00

REINSTATEMENT 03
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12. 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/Manage SIGNATURE REQUIRED Date 10-26-03 Daytime Phone # 954 258 6473

Typed or printed name of signing Managing Member/Manager

2082

To Florida Department of State,

My LLC did not receive the uniform business report in January. After speaking with your office they informed me to send $50.00 with this letter.

Thank You,

Kenneth A. Synfelt

Blue Sky Investment