

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 TO 0 0615 33021-660301

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



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 201 N 46 AVENUE HOLLYWOOD FL 33021		5. Date Organized or Qualified To Do Business in Florida 08/26/2002	
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	
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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]* **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

700024266857
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/Manager *[Signature]* **SIGNATURE REQUIRED** Date 10-26-03 Daytime Phone # 954 258 6473

Typed or printed name of signing Managing Member/Manager

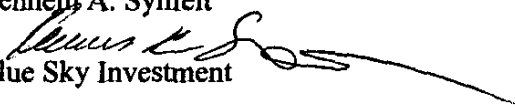
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To Florida Department of State,

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