PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2011 MAY 10 AM 8:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CR2E041 (1/11)

DOCUMENT # # L06000079117

1. Limited Liability Company's Name

BLUE SKY CONSTRUCTION LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1847 GREENHILL DR	1847 GREENHILL DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CLEARWATER FL	City & State: CLEARWATER FL
Zip: 33755 Country: USA	Zip: 33755 Country: USA

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 8-10-2006

6. FEI Number: 205389570 ☐ 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

Name: ANDREW AKEHURST

Street Address (P.O. Box Number is Not Acceptable): 1847 GREENHILL DR

Suite, Apt. #, Etc.:

City: CLEARWATER State: FL Zip Code: 33755

E-mail Address:

ANDREW AKEHURST@GMAIL.COM
(To be used for future annual report notices)

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 5-5-2011
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/ Managers	Street Address of Each Managing Member/ Manager	City / State / Zip
MGR	ANDREW AKEHURST	1847 GREENHILL DR	CLEARWATER FL 33755

REINSTATEMENT -09- 2011

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager _____ Date 5-5-2011 Daytime Phone # 727-741-5717

Typed or printed name of signing Managing Member/Manager _____