

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**  
Secretary of State

DIVISION OF CORPORATIONS

01 NOV 13 PM 12:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** L99000002387

**1. Limited Liability Company's Name**

EXECUTIVE BLUE SEAS, L.C.

**2. Principal Office Address**

17315 COLLINS AVENUE

Suite, Apt. #, etc.

City & State

SUNNY ISLES, FL

Zip

33160

Country

USA

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**4. State/Country of Formation**

FLORIDA

**5. Date Organized or Qualified  
To Do Business in Florida**

4/27/1999

**6. FEI Number**

65-0925763

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 ROBIN I. WILLNER, ESQ.

LEOPOLD, KORN & LEOPOLD, P.A.

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

20801 BISCAYNE BOULEVARD, STE.501

Suite, Apt. #, Etc.

City

AVENTURA

State

FL

Zip Code

33180

**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

*Robin I. Willner*

REGISTERED AGENT MUST SIGN

Date 11/9/01

**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	AOUATE, MICHEL	17315 COLLINS AVENUE	SUNNY ISLES, FL 33160

**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

*Michel Aouate*

Date 11/9/01

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

MICHEL AOUATE, MGR

**REINSTATEMENT** 2001

CR2E041 (9/00)