PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
11 JAN 11 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F09779

1. Corporation Name

~~Blue Shore, Inc.~~
Ntal, LLC.

100190808021
01/10/11--01040--027 **1350.00

CR2E081 (6/10)

2. Principal Office Address - No P O. Box #	3. Mailing Office Address
c/o 201 S. Biscayne Blvd.	c/o 201 S. Biscayne Blvd.
Suite, Apt. #, etc.: 800	Suite, Apt. #, etc.: 800
City & State: Miami, FL	City & State: Miami, FL
Zip: 33131 / Country: USA	Zip: 33131 / Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 10/23/1980

5. FEI Number: 59-2065350 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. **Name and Address of Current Registered Agent**

Name: Law Center of the Americas, LLC

Street Address (P.O. Box Number is Not Acceptable): 201 S. Biscayne Blvd.

Suite, Apt. #, Etc.: 800

City: Miami / State: FL / Zip Code: 33131

REINSTATEMENT

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date 1/7/11

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/P	Mario Lopez Estrada	251 Crandon Blvd., Unit 1006	Key Biscayne, FL 33149
D/S	Ana Maria Perez de Lopez	251 Crandon Bl;vd., unit 1006	Key Biscayne, FL 33149

1/11/11

10. **E-mail Address:** nbaudini@harpermeyer.com

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, 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: Mario Lopez Estrada 1/7/11

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #