

OCT-30-03 THU 9:53 AM

APPROVED AND FILED

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# L01000021238

03 OCT 30 PM 12:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS**

**DOCUMENT # L01000021238**  
 1. Limited Liability Company's Name  
**BLUE NANO PROPERTIES LLC**

## REINSTATEMENT

2002-2003

2. Principal Office Address		3. Mailing Office Address		4. State/Country of Formation	
2100 PONCE DE LEON BLVD. <small>State, Apt. #, etc.</small>		2100 PONCE DE LEON BLVD. <small>Suite, Apt. #, etc.</small>		FLORIDA	
SUITE 600 <small>City &amp; State</small>		SUITE 600 <small>City &amp; State</small>		5. Date Organized or Qualified To Do Business in Florida 12/07/2001	
CORAL GABLES, FL <small>Zip Country</small>		CORAL GABLES, FL <small>Zip Country</small>		6. FEI Number 65-1157539	
33134 USA		33134 USA		Applied For Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>					

8. Name and Address of Current Registered Agent

Name  
**JORGE I. CURIAN**

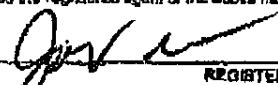
Street Address (P.O. Box Number is Not Acceptable)  
**2100 PONCE DE LEON BOULEVARD**

Suite, Apt. #, Etc.  
**SUITE 600**

City  
**CORAL GABLES**

State Zip Code  
**FL 33134**

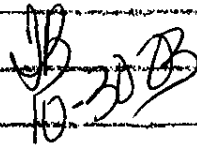
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent  Date **10/29/03**

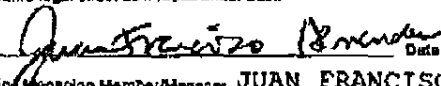
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City/State/Zip
MGRM	HERNANDEZ, JUAN FRANCISCO	2100 PONCE DE LEON BLVD. SUITE 600	CORAL GABLES, FL 33134

  
10-30-03

11. I certify that I am a 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 608.408, 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  Date **10/29/03** Daytime Phone # **305-461-5885**

Type or printed name of signing Managing Member/Manager **JUAN FRANCISCO HERNANDEZ**

L01000021238

Florida Department of State  
Division of Corporations  
Public Access System

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**LIMITED LIABILITY REINSTATEMENT**

**BLUE NANO PROPERTIES LLC**

Certificate of Status	0
Certified Copy	0
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