

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FILED

02 OCT 31 AM 10:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000004860

Name and Mailing Address

0003954 01 FP 0.352 \*\*PRSRT T2 0 0615 33410-103258



BLUE LINE FINE HOMES, LLC  
14458 CYPRESS ISLAND CIR.  
PALM BEACH GARDENS FL 33410-1032



2. New Mailing Address

City, State, Zip

Principal Place of Business

14458 CYPRESS ISLAND CIR.  
PALM BEACH GARDENS FL 33410

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

04/24/2000

6. FEI Number

65-1030014

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

CHASEN, VICTORIA A  
14458 CYPRESS ISLAND CIR.  
PALM BEACH GARDENS FL 33410

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

*Victoria A. Chasen*

Date 10-22-02

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
MGR	CHASEN, DONALD L MGR	14458 CYPRESS ISLAND CIRCLE	PALM BEACH GARDENS FL 33410

500008718355  
10/31/02--01014--015 \*\*150.00

REINSTATEMENT 2002

*JK*

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

*Donald L. Chasen*

Date

10/27/02

Daytime Phone #

561-627-1842

Typed or printed name of signing Managing Member/Manager

DONALD L. CHASEN

CR2E084 (8/02)