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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 NOV 29 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # L00000013037

1. Limited Liability Company's Name
BLUE MOUNTAIN DEVELOPMENT GROUP, L.C.

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2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3295 WEST HIGHWAY 30-A	PO BOX 2023
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SANTA ROSA BEACH, FL	City & State: SANTA ROSA BEACH, FL
Zip: 32459 Country: U.S.	Zip: 32459 Country: U.S.

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 10/25/2000

6. FEI Number: 59-3681200 ☐ 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: COFFIELD, P. COLLEEN
Street Address (P.O. Box Number is Not Acceptable): 1219 SOUTH COUNTY HIGHWAY 393
Suite, Apt. # Etc.
City: SANTA ROSA BEACH State: FL Zip Code: 32459

☑ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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: P. COLLEEN COFFIELD Date: 11/29/07
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	HUNT, GARY	3295 W HWY 30A	SANTA ROSA BCH, FL 32459
MGR	HUNT, PENNY	3295 W HWY 30A	SANTA ROSA BCH, FL 32459

REINSTATEMENT 2006-2007

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 608.508, 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: 11/29/07 Daytime Phone #: 850 267-3597

Typed or printed name of signing Managing Member/Manager: GARY HUNT