PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

07 OCT 18 PM 3:43 LIMITED LIABILITY FLORIDA DEPARTMENT OF STATE COMPANY Secretary of State SECRETARY OF STATE TALLAHASSEE FLORIDA REINSTATEMENT DIVISION OF CORPORATIONS DOCUMENT # L01000000088 1. Limited Liability Company's Name BLUE SEAS HOLDINGS, LLC CR2E041 (1/07) 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 14160 Palmetto Frontage Rd 14160 Palmetto Frontage Rd Suite, Apt. #, etc. Suite 10 Suite, Act. #, etc. Suite 10 5. Date Organized or Qualified To Do Business in Florida 01/02/2001 City & State Applied For Miami Lakes, FL 33016 651066288 Miami Lakes, FL Not Applicable Country 33016 ^z 33016 Country CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status 8. Name and Address of Current Registered Agent ... A \$100 reinstatement fee is imposed, except Alejandro Vilarello, ESQ in circumstances which the entity did not Street Address (P.O. Box Number is Not Acceptable)
14160 Palmetto Frontage Rd receive the prior notices. By checking this box, you are certifying the prior notices were Suite, Apt. #, Etc. Suite 10 not received and requesting the \$100 reinstatement be waived. 33016 Miami Lakes, FL 9. I, being appointed the registered agent of the above pamed lymited liability company, am familiar with and accept the obligations of Chapter 608, F.S. 7/12/07 Signature of Registered Agent REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Street Address of Each Managing Member/Manager Name of Managing Members/ Managers Titles City / State / Zip Miami Lakes. FL 33016 MGR |Martin Caparros, JR 14160 Palmetto Frontage Rd HIALEAH, FL 33012 3822 W 12 AVE. MAURICE CAYON М 70<u>0</u>11<u>0</u>94<u>0</u>607 REINSTATEMENT 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 filling 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 and in the contraction of the contractio

7/12/07

MARTIN CAPARROS

as if made under oath.

Managing Member/Manager

Typed or printed name of signing Managing Member/Manager

Signature of