

L01000005961

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 SEP 15 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L01000005961**

1. Limited Liability Company's Name

BLV PRODUCTS, LLC

2. Principal Office Address

18240 N.W. 30 TERRACE

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33122

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified

To Do Business in Florida

4/17/04

6. FEI Number

65-1101313

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

RONALD A. MARIN, ESQ

200041271382

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

25. DISCAYNE BLVD, SUITE 3580

09/22/04--01083--001 **105.00

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33131

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

Ronald A. Marin

REGISTERED AGENT MUST SIGN

Date

7/9/04

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	CWN-U.S.A., LLC	8240 NN 30TH TERRACE	MIAMI, FL 33122

REINSTATEMENT 2003-2004

BM

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 608.406, F.S., and that 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 if made under oath.

Signature of
Managing Member/Manager

Louis Sosa
LOUIS SOSA, MANAGER

Date

9/9/04

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)

L01000005961

MARINI & ASSOCIATES
PROFESSIONAL ASSOCIATION

ONE BISCAYNE TOWER
TWO SOUTH BISCAYNE BOULEVARD
SUITE 3580
MIAMI, FLORIDA 33131

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HOMEPAGE www.taxlaw.ms

September 9, 2004

Florida Department of State
Registration Section Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

RE: Blu Products, LLC-Reinstatement

Dear Sir/Madam:

We hereby respectfully request a waiver of the applicable penalties for the above mentioned entity, which is hereby being reinstated. The entity never received your Annual Registration Form, after they changed address.

We thank you in advance for your consideration.

Very truly yours,
Marini & Associates, P.A.

By: 
Ronald A. Marini, Esq.

RAM/im