

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jill Smith
Secretary of State
DIVISION OF CORPORATIONS

L01000012501

FILED

02 OCT 29 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000012501

Name and Mailing Address

0001219 01 FP 0.352 **PRSRT T4 0 0615 33021-630320



BLUEWAVE PROPERTIES LLC
220 NORTH STATE ROAD 7
HOLLYWOOD FL 33021-6303



12/4/02

2. New Mailing Address

City, State, Zip

Principal Place of Business

220 NORTH STATE ROAD 7
HOLLYWOOD FL 33021

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

07/30/2001

6. FEI Number

65-1125084

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

SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22 STREET, 4TH FLOOR
MIAMI FL 33145

9. Name and Address of New Registered Agent

Name

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

0000000670690

10/29/02--01099--004 **155.00

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

NATALIA UTRERA

Date

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	VILLARROEL, JAMES G	220 NORTH STATE ROAD 7	HOLLYWOOD FL 33021

REINSTATEMENT 2002

mk

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

James Villarroel

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager