PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		Secretary	TMENT OF STATE of State orporations		SECRE JARY OF STATE DIVISION OF CORPORATION 05 AUG 18 AM 10: 48	S	
DOCUMENT # L D200000271 1. Limited Liability Company's Name			-71		10.40		
BLUEE GOLD PROPERTIES LLC							
2 Principal Office Address ONF PORTOFINO D			ing Office Address FORTOFINO PR		intry of Formation		
Suite, Apt. #, etc. #1401	Suite, Apt. #,	Suite, Apt. #, etc. #140+			5. Date Organized or Qualified		
City & State	City & State	City & State			To Do Business in Florida 01/04/2002 6. FEI Number Applied For		
PENSACOCA BEACH		COLA	BEACH FL	TIN 9	n 276 F700	ppficable	
32561 USA	^{z_{ip}} 325	61	ÚSA	7. CERTIFICAT	E OF STATUS DESIRED S5.00 Additional Fe for a Certificate of		
8. Name and Address of Current Registered Agent							
Name DONALD J Wehrenberg							
Street Address (P.O. Box Number is Not Acceptable)							
Suite, Apt. #, Etc. # 1401							
City O				<u></u>	Chata Zi-Onda		
PENSACOLA BEACH					State Zip Code FL 37.56 /		
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 Date Date Date Date September 100 Courses September 100 C							
Signature of Registered Agent Wordley Wellerburg					Date_10au_05		
BEGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers						6	
Titles Name of			Street Address of Eac Managing Member/Mana	h ager	City / State / Zip		
Don Wehrenberg		ONE POPOFINO PRIVE # 1401			PENSACOCA BEACHFL		
ROB PIROUMIAN		2183 SUMMERCHASE OR			WOODSTECK GA		
FRED DUNLEA		7224 ADENA CT		WEST CHESTER OF			
	· .		1.00.071		THE CHESTER ON	10750	
		-		20	0058734412		
				- 06/16/ 4	95 - 01046 - 001 - **3 95. <i>9</i> 9 	-	
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 as if made under oath.							
Signature of Managing Member/Manager Worvald Welherling Date 100mg 05 Daytime Phone # 850-341-9509							
Typed or printed name of signing Managing Member/Manager DONALD J WEHRENBERG-							