

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 602000000502		04 FEB 24 AM 8:40 603/10/04	
1. Limited Liability Company's Name Blue Shore, LLC			
2. Principal Office Address 4614 Boy Scout Blvd. Suite, Apt. #, etc.		3. Mailing Office Address 2402 Cardenas Ave. Suite, Apt. #, etc.	
City & State Tampa FL		City & State Tampa FL	
Zip 33607	Country US	Zip 33629	Country US
4. State/Country of Formation US		5. Date Organized or Qualified To Do Business in Florida 01/03/2002	
6. FEI Number 010594321		Applied For Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$5.00 Additional Fee required for Certificate of Status	

8. Name and Address of Current Registered Agent	
Name DALE ALEXANDER	900027584409
Street Address (P.O. Box Number is Not Acceptable) 2402 Cardenas Ave.	01/26/04--01031--009 **100.00
Suite, Apt. #, Etc.	900027584409
City Tampa, FL	02/24/04--01036--002 **100.00
State FL	Zip Code 33629

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 [Signature] Date 1-16-04

REGISTERED AGENT MUST SIGN

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
mge	Mia McClure	2402 Cardenas Ave.	Tampa, FL 33629
REINSTATEMENT 2003-2004			

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 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 [Signature] Date 1-16-04 Daytime Phone # 813-758-2274

Typed or printed name of signing Managing Member/Manager Mia McClure