

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

L02000011076

FILED
OCT 24 AM 9:17
TALLAHASSEE, FLORIDA

DOCUMENT # L02000011076

1. Limited Liability Company's Name

BLUE WATER DEVELOPMENT, LLC

2. Principal Office Address

2901 CLINT MOORE RD.,

Suite, Apt. #, etc.

STE. 259

City & State

BOCA RATON, FL

Zip

33496

Country

USA

3. Mailing Office Address

2901 CLINT MOORE RD.

Suite, Apt. #, etc.

STE. 259

City & State

BOCA RATON, FL

Zip

33496

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

05/08/2002

6. FEI Number

020705496

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

200024283972
10/30/03--01023--029 **50.00

8. Name and Address of Current Registered Agent

Name

A1A REGISTERED AGENT INC.

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

92 SADBERRY ROAD

Suite, Apt. #, Etc.

~~STE. 259~~

City

QUINCY

State

FL

Zip Code

32351

200024283972
10/30/03--01023--030 **5.00

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

Paul Smith

PAUL SMITH

REGISTERED AGENT MUST SIGN

Date 10-22-03

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
MMGRN	ALAN BROOKS	2901 CLINT MOORE RD., STE. 259	BOCA RATON FL 33496

REINSTATEMENT 2003

BK

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

Alan Brooks

Date 10-20-03

Daytime Phone#

561-498-4545

Typed or printed name of signing Managing Member/Manager ALAN BROOKS

CR2E041 (10/02)

L020000011076

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TALLAHASSEE, FLORIDA

DATE: 10-10-03

TO: DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

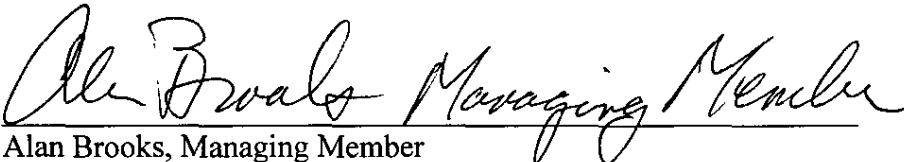
FROM: BLUE WATER DEVELOPMENT, LLC

WE DID NOT RECEIVE FROM YOU THE UNIFORM BUSINESS REPORT 2003 BY MAIL.

PLEASE FILE OUR REINSTATEMENT.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US BY E-MAIL AT
alan.brooks@att.net

THANKS,

 Managing Member

Alan Brooks, Managing Member

BLUE WATER DEVELOPMENT, LLC