

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Oct 08, 2004 8:00 A.M.
Secretary of State

DOCUMENT # **L02000012919**

1. Limited Liability Company's Name

BLUE OCEAN INVESTMENTS LLC

2. Principal Office Address

19655 EAST COUNTRY CLUB DR

Suite, Apt. #, etc.

#302

City & State

AVENTURA, FL

Zip

33180

Country

USA

3. Mailing Office Address

19655 east country club dr

Suite, Apt. #, etc.

#302

City & State

AVENTURA, FI

Zip

33180

Country

USA

100041821181

10/12/04--01051--005 **205.00

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified
To Do Business in Florida

May 2002

6. FEI Number

86-1056880

☒ 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

BUSINESS FILINGS INCORPORATED

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

660 EAST JEFFERSON STREET

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301-0000

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

09/27/04

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
MGR	Mauricio Chaparro	19655 e. country club dr #302 Aventura, FL 33180	Aventura, FL 33180
MGRM	Erika Sierra	- Same -	- Same -
MGRM	Nicolas Chaparro	- Same -	- Same -

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

Erika Sierra

Date

09/27/04

Daytime Phone #

786 2774444

Typed or printed name of signing Managing Member/Manager

ERIKA SIERRA

CR2E041 (10/02)