

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JAN 14 AM 9:40

LO2000018264

DOCUMENT # LO2000018264
1. Limited Liability Company's Name
Bleu People LLC

2. Principal Office Address
404 SW Santa Fe Dr
Suite, Apt. #, etc.
City & State
Fort White Fla
Zip
32038 Country
USA

3. Mailing Office Address
404 SW Santa Fe Drive
Suite, Apt. #, etc.
City & State
Fort White Fla.
Zip
32038 Country
USA

4. State/Country of Formation
Florida, U.S.A.
5. Date Organized or Qualified To Do Business in Florida
7-18-2002
6. FEI Number
 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
Deborah Klotzsche
Street Address (P.O. Box Number is Not Acceptable)
404 SW Santa Fe Drive
Suite, Apt. #, Etc.
City
Fort White State
FL Zip Code
32038

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 Jan 7 - 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
<u>M&M</u>	<u>Deborah Klotzsche</u>	<u>404 SW Santa Fe Dr.</u>	<u>Ft. White, FL 32038</u>
			<u>500026900845</u>
			<u>01/14/04 01012 013</u>
			<u>\$200.00</u>

REINSTATEMENT 2003-2004
Call 1/14/04

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 Deborah Klotzsche Date 1-7-04 Daytime Phone (352) 372-4537
Typed or printed name of signing Managing Member/Manager Deborah KLOTZSCHE

Fax 386-497-1410

CR2E04 (10/02)