

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 SEP 13 AM 10:35

DOCUMENT # L02000024940

1. Limited Liability Company's Name

Azul Development Group

2. Principal Office Address

888 Brickell Ave

Suite, Apt. #, etc.

Suite 202

City & State

Miami, FL

Zip

33131

Country

USA

3. Mailing Office Address

888 Brickell Ave

Suite, Apt. #, etc.

Suite 202

City & State

Miami, FL

Zip

33131

Country

USA

CR2E041 (8/05)

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

09/24/02

6. FEI Number

20-3429709

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

Ricardo J Garcia

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

5327 SW 33 Ave

Suite, Apt. #, Etc.

200059579392

09/13/05--01050--002 \*\*255 00

City

Fort Lauderdale

State

FL

Zip Code

33312

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

REGISTERED AGENT MUST SIGN

Date

9/09/05

**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
MGRM	Ricardo Garcia	5327 SW 33 Ave	Fort Lauderdale/FL/33312

REINSTATEMENT 08-05

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

Date

9/04/05

Daytime Phone #

305 343 1617

Typed or printed name of signing Managing Member/Manager