

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 27 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000026353

1. Limited Liability Company's Name

BLUE TRAVEL OF CENTRAL FLORIDA, LLC

2. Principal Office Address

8818 DUNES CT.

Suite, Apt. #, etc.

105

City & State

ORLANDO FL

Zip

32822

Country

USA

3. Mailing Office Address

8818 DUNES CT.

Suite, Apt. #, etc.

105

City & State

ORLANDO FL

Zip

32822

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

10/07/2002

6. FEI Number

22-3877052

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

ALEXIES A. VERDUGA

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

8818 DUNES CT.

Suite, Apt. #, Etc.

105

City

KISSIMMEE

State

FL

Zip Code

34747

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 10/21/03

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
MGRM	ALEXIES A. VERDUGA	8818 DUNES CT. APT. 105	KISSIMMEE FL 34747
MGRM	YANIRE C. RIOS	8818 DUNES CT. APT. 105	KISSIMMEE FL 34747

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 10/21/03

Daytime Phone # (907) 370-9522

Typed or printed name of signing Managing Member/Manager

ALEXIES A. VERDUGA