

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB 16 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000031714

Name and Mailing Address

0003845 01 AT 0.292 **AUTO T6 0 0615 32825-480517



BLUE SKY LLC
10317 ROCKING A RUN
ORLANDO FL 32825-4805

BK

03



2. New Mailing Address

308 Blue Bayou Dr

City, State, Zip
Orlando FL 32743

Principal Place of Business
10317 ROCKING A RUN
ORLANDO FL 32825

3. New Principal Place of Business Address

308 Blue Bayou Dr

City, State, Zip
KISSIMMEE FL 34743

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

12/01/2002

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

CARMONA, JUAN
308 BLUE BAYOU DR.
KISSIMMEE FL 34743

9. Name and Address of New Registered Agent

Name
JUAN CARMONA
Street Address (P.O. Box Number is Not Acceptable)
308 Blue Bayou Dr.

City
KISSIMMEE FL Zip Code
34743

10. 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 *Juan Carmona*
REGISTERED AGENT MUST SIGN

Date 11-13-03

11. Names and Street Addresses of Each Managing Member/Manager

| Title(s) | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
|-----------|--------------------------------------|---|---|
| PRESIDENT | JUAN CARMONA | 308 Blue Bayou Dr | KISSIMMEE FL 34743 |
| | | | 600024937106 11/21/03--01084--011 **5.00 |
| | | | 600024937106 04/06/04--01014--005 **200.00 |
| | | | REINSTATEMENT 2003-2004 |
| | | | BK |

12. 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.

JUAN CARMONA President

CR2E084 (7/03)