

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 AUG -8 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000035987

1. Limited Liability Company's Name

7 STARS & BLUE, LLC

2. Principal Office Address - No P.O. Box #
1215 AVONDALE LN

3. Mailing Office Address
1215 AVONDALE LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
WEST PALM BEACH, FL

City & State
WEST PALM BEACH, FL

Zip
33409

Country
USA

Zip
33409

Country
USA

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified To Do Business in Florida

09/09/03

6. FEI Number
20-0283788

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
EDUARDO TOVAR

Street Address (P.O. Box Number is Not Acceptable)
1215 AVONDALE LANE

Suite, Apt. #, Etc.

City
WEST PALM BEACH

State Zip Code
FL 33409

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

[Signature]

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

07-26-07

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	EDUARDO TOVAR	1215 AVONDALE LN	WEST PALM BEACH, FL 33409
MGR	SONIA DI BENEDETTO	1215 AVONDALE LN	WEST PALM BEACH, FL 33409

REINSTATEMENT 05-07

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

[Signature]

Date

07/26/07

Daytime Phone #

772-4083440

Typed or printed name of signing Managing Member/Manager **EDUARDO TOVAR**