


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L03000039089			
1. Limited Liability Company's Name BLUE LOTUS COLLECTION, LLC			
2. Principal Office Address 18861 Biscayne Blvd. Suite, Apt. #, etc. Aventura, FL 33180 City & State Aventura, FL 33180 Zip 33180 Country USA		3. Mailing Office Address 210 Mulberry Grove Rd Suite, Apt. #, etc. City & State Royal Palm Beach, FL Zip 33411 Country USA	
4. State/Country of Formation FLORIDA / USA		5. Date Organized or Qualified To Do Business in Florida 10/13/2003	
6. FEI Number NONE		Applied For <input checked="" type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent			
Name ASHWINI PRASAD			
Street Address (P.O. Box Number is Not Acceptable) 210 Mulberry Grove Road Suite, Apt. #, Etc. City Royal Palm Beach			
200061254782		11/08/05--01038--026 **201.00	
State FL		Zip Code 33411	
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 11/4/05	
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
MGR	DEO PRASAD	210 Mulberry Grove Rd	Royal Palm Beach, FL 33411
MGR	ASHWINI PRASAD	210 Mulberry Grove Rd	Royal Palm Beach, FL 33411
REINSTATEMENT 04-05			
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 11/4/05 Daytime Phone # 305 794 9369	
Typed or printed name of signing Managing Member/Manager		ASHWINI PRASAD	