


2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000040655		
1. Entity Name BLUESKY IMPORT AND WHOLESALE LLC		

FILED

04 NOV -5 PM 5:37

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH, 1

Principal Place of Business 6160 STATE ROAD 70 EAST, SUITE 207 BRADENTON, FL 34203	Mailing Address 6150 STATE ROAD 70 EAST BRADENTON, FL 34203 US
--	--



2. Principal Place of Business 1805 Flametree Ln Suite, Apt. #, etc.	3. Mailing Address 1805 Flametree Ln Suite, Apt. #, etc.
--	--


11022004 REIN-LLC CR2E101 (6/04) 11/6

City & State Venice, FL	City & State Venice, FL	4. FEI Number 20-0333973	Applied For Not Applicable
Zip 34293	Country Sarassota	Zip 34293	Country Sarassota

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required
----------------------------------	--

6. Name and Address of Current Registered Agent SKYE, COREY P 1805 FLAMETREE LANE VENICE, FL 34293	
---	--

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
--	--


8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.	DATE 11/03/04 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00 After January 1, 2005, Fee will be \$100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
---	--	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SKYE, COREY P 1805 FLAMETREE LANE VENICE, FL 34293 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SKYE, DONALD K JR. 1805 FLAMETREE LANE VENICE, FL 34293 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MRGM SKYE, ANDREA C 7816 PALM AIRE LANE SARASOTA, FL 34243 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT 2004
w/o penalty

100042524321
11/05/04--01050--010 **\$5.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	DATE 11/03/04 941-493-5576 Daytime Phone #