

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 OCT -9 AM 10:02

DOCUMENT # L04000015668

1. Limited Liability Company's Name

Blue Sresta Realty, FL L.L.C

2. Principal Office Address

2222 S. Tamiami Trail

Suite, Apt. #, etc.

Suite C

City & State

Sarasota FL

Zip

34239

Country

US

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E041 (8/05)

4. State/Country of Formation

Florida / U.S.

5. Date Organized or Qualified  
To Do Business in Florida

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**

Name

John A. Licurance

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

2222 S. Tamiami Trail

Suite, Apt. #, Etc.

Suite C

City

Sarasota

State

FL

Zip Code

34239

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

10/6/06

**10. Names and Street Addresses of Managing Members/Managers**

| Titles      | Name of<br>Managing Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip        |
|-------------|--------------------------------------|---|---------------------------|
| <u>MBRM</u> | <u>John A. Licurance</u>             | <u>624 Avenue de Mayo</u>                         | <u>Sarasota, FL 34239</u> |
|             |                                      |   |                           |
|             |                                      |   |                           |
|             |                                      |   |                           |
|             |                                      |   |                           |
|             |                                      |   |                           |

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 10/6/06

Daytime Phone #

941 330 8553

Typed or printed name of signing Managing Member/Manager

John A. Licurance