

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 APR -7 AM 9:16

DOCUMENT # L04000024401

1. Limited Liability Company's Name

BLUE RIDGE GROUP, LLC

CR2E041 (8/05)

2. Principal Office Address  
6411 SW 134 PL

3. Mailing Office Address  
6411 SW 134 PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip 33183

Country  
U.S.A.

Zip 33183

Country  
U.S.A.

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

3/22/04

6. FEI Number

20-0896229

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

HUGO MELENDEZ

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

6411 SW 134 PL

Suite, Apt. #, Etc.

City

MIAMI, FL 33183

State

FL

Zip Code

33183

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

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	EDWIN BARQUET	800070792498 04/18/06--01029--021 **205.00 173 RAVEN ROAD	PINEY CREEK, NC 28663
		REINSTATEMENT 05 06	

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

4/6/06

Daytime Phone #

336 359 8075

Typed or printed name of signing Managing Member/Manager EDWIN BARQUET