2006 LIMITED LIABILITY COMPANY REINSTATEMENT

KEINSTATEMENT					SECRETABLE	£ <i>L</i> :	
DOCUMENT # L04000028373				DI\	VISION PERY	EU OF STATE RPORATIONS	
1. Entity Nam BLUE RU					76 cas	HORATIONS	
BLOC NO	14, 660				OFEB-8 A	M 0	
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Principal Place		Mailing Address	-				
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2 Principal P	lace of Business	3. Mailing Address					
	W. Dunneslon Rd		nneslonia		I MULII UEULI MULII UKILI UKILI	KBIID 38 8185 1 11 KB3K	ILSBAR ILI 1881
Suite, Apt.		Suite, Apt. #, etc.		01242006	REIN-LLC	CR2E101 (11/05)
City & State	9	City & State		4. FEI Numb	er	1 14	pplied For
Dunne			-lovida			 	lot Applicable
3443	3 Country	34433	Country US	5. Certificate	of Status Desired	□ \$5.00 Ac	
0447	6. Name and Address of Current		$\frac{}{}$	7. Name and	Address of New Ro		
		· · · · · · · · · · · · · · · · · · ·	Name/	1-10-1-1-6	1+5~ ×	o. d	
1	GOTTFRIED, P.A. CYPRESS CREEK ROAD		Street Add	ress (P.O. Box Numb			
SUITE #30	3	- 5	009 W	Dunne	Hon K		
FT. LAUDE	ERDALE, FL 33309			<u>unne llo</u>	<u>n</u>		
			City			FL Zip Co	^{de} 3443
	named entity submits this statement fo	r the purpose of changing its i	registered office or re	egistered agent, or bo	th, in the State of Flo	orida. I am familiar with	, and accept
tile colligat	ions of registered agent.	Nei Gottf	11			1-24-	-26
SIGNATURE .	Signature, typed or printed name of registers agent a	and title if applicable. (NOTE	: Registered Agent signatur	re required when reinstating)	DATE OATE	<u> </u>
	· · · · · · · · · · · · · · · · · · ·						
FILE	NOW!!! FEE IS \$100.00	In accordance with s liability company did				e check payable to Department of Sta	ite
9.	NAANACING MEMOR	<u> </u>				OUANOCO	
	MANAGING MEMBE	RS/MANAGERS	10.		ADDITIONS/	CHANGES	
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