

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2012 DEC 17 PM 4:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

400242821764  
12/17/12--01029--017 \*\*407.50

CR2E041 (1/11)

**DOCUMENT #** L04000035466

1. Limited Liability Company's Name

BLUSH Investments, LLC

2. Principal Office Address - No P.O. Box #

423 Caviar Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

423 Caviar Dr.

Suite, Apt. #, etc.

City & State

Ft. Walton Beach, FL

Zip

32548

Country

USA

City & State

Ft. Walton Bch., FL

Zip

32548

Country

USA

4. State/Country of Formation

Florida - USA

5. Date Organized or Qualified  
To Do Business in Florida

5-11-2004

6. FEI Number

300249795

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

Sherie Montalto

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

423 Caviar Dr.

Suite, Apt. #, Etc.

City

Ft. Walton Bch.

State

FL

Zip Code

32548

E-mail Address:

sheriemontalto@live.com

(To be used for future annual report notices)

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

S. Montalto

Date

12/14/12

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.	Sherie Montalto	423 Caviar Dr.	Ft. Walton Bch., FL 32548

**REINSTATEMENT**

11-12

De 1218-12

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Signature of Managing  
Member/Manager

S. Montalto

Date

12/14/12

Daytime Phone #

850-428-3702

Typed or printed name of signing Managing Member/Manager