

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 NOV 15 AM 9:52

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000048059

1. Limited Liability Company's Name
BLUE BOY, LLC

600061440386
11/15/05--01052--002 **155.00
CR2E041 (8/05)

2. Principal Office Address <u>1700 W. INT'L SPWAY BLVD</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>4 CARSON DRIVE</u> Suite, Apt. #, etc.	
City & State <u>DAYTONA BEACH, FL</u>		City & State <u>ORMOND BEACH, FL</u>	
Zip <u>32114</u>	Country <u>USA</u>	Zip <u>32174</u>	Country <u>USA</u>

4. State/Country of Formation <u>FLORIDA</u>	
5. Date Organized or Qualified To Do Business in Florida <u>6/28/04</u>	
6. FEI Number <u>20-1285158</u>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name LINDA M. WATSON

Street Address (P.O. Box Number is Not Acceptable)
4606 CLYDE MORRIS BLVD

Suite, Apt. #, Etc.
SUITE 1-N

City PORT ORANGE State FL Zip Code 32129

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 [Signature] Date 10/7/05

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 MBR	<u>DORNE MAY FISHER</u>	<u>4 CARSON DRIVE</u>	<u>ORMOND BEACH, FL 32174</u>
MGR	<u>RUSSEL THOMAS FISHER</u>	<u>4 CARSON DRIVE</u>	<u>ORMOND BEACH, FL 32174</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 [Signature] Date 11/7/05 Daytime Phone # 386-547-2901

Typed or printed name of signing Managing Member/Manager DORNE MAY FISHER