

AMENDED

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

05 OCT -7 AM 10: 09

DOCUMENT # L04000066907
1. Entity Name
BLUE INTERNATIONAL INVESTMENTS, LLC



Principal Place of Business
THE COLONNADE, SUITE 302
2333 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134
Mailing Address
THE COLONNADE, SUITE 302
2333 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country



10032005 REIN-LLC CR2E101 (6/04)

4. FEI Number
Applied For
Not Applicable

5. Certificate of Status Desired
\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
SANCHEZ-MEDINA, ROLAND JR
THE COLONNADE, SUITE 302
2333 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
After January 1, 2006, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
P Claudio Cini 2333 Ponce de Leon Blvd. Suite 302 Coral Gables, FL 33134

10. ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP
400060302134
10/06/05--01044--016 **50.00

TITLE NAME STREET ADDRESS CITY-ST-ZIP
AS Roland Sanchez-Medina 2333 Ponce de Leon Blvd. Suite 302 Coral Gables, FL 33134

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #