


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 JUN -9 AM 9:05

SECRETARY OF STATE
TALLAHASSEE FLORIDA

100156796561
06/04/09--01006--029 **138.75
CR2E041 (10/08)

LIMITED LIABILITY COMPANY REINSTATEMENT

 FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

2009 Annual Report

DOCUMENT # L04000066907

1. Limited Liability Company's Name

BLUE INTERNATIONAL INVESTMENTS, LLC

2. Principal Office Address - No P.O. Box # 2333 Ponce De Leon Blvd.		3. Mailing Office Address 2333 Ponce De Leon Blvd.	
Suite, Apt. #, etc. Suite 302		Suite, Apt. #, etc. Suite 302	
City & State Coral Gables, Florida		City & State Coral Gables, Florida	
Zip 33134	Country USA	Zip 33134	Country USA

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 09/10/2004	
6. FEI Number 20-1635433	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
Roland Sanchez-Medina Jr.

Street Address (P.O. Box Number is Not Acceptable)
2333 Ponce De Leon Blvd.

Suite, Apt. #, Etc.
Suite 302

City Coral Gables	State FL	Zip Code 33134
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A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 _____ Date _____

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
AS	Sanchez-Medina Jr., Roland	2333 Ponce De Leon Blvd., Suite 302	Coral Gables, Florida 33134
P	Claudio Cini	2333 Ponce De Leon Blvd., Suite 302	Coral Gables, Florida 33134

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 _____ Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager _____