

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

9-16-05
150.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000067535

1. Limited Liability Company's Name

Blue Sky Pools

300095803713
04/04/07--01035--019 **150.00
CR2E041 (1/07)

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

319 NW 30 Tr.

Suite, Apt. #, etc.

3. Mailing Office Address

319 NW 30 Tr.

Suite, Apt. #, etc.

City & State

Ft. Ld. FL 33311

Zip

33311

Country

Broward

City & State

Ft. Ld. FL

Zip

33311

Country

Broward

4. State/Country of Formation

FL. Broward

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

841663522

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

Ernold Fulmore

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

319 NW 30 Tr.

Suite, Apt. #, Etc.

City

Ft. Ld. FL

State

FL

Zip Code

33311

☒ 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

Ernold Fulmore

REGISTERED AGENT MUST SIGN

Date 3-27-07

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
<u>Partner</u>	<u>RONALD BURGESS</u>	<u>82325 NW 13th</u>	<u>Ft Laud FL 33311</u>

REINSTATEMENT 05-07

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

Ernold Fulmore

Date 3-27-07

Daytime Phone# 954-798 4950

Typed or printed name of signing Managing Member/Manager

Ernold Fulmore

Buss 9545843689