

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 FEB 28 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 204000069822

1. Limited Liability Company's Name

Blue Sky Realty LLC

700190255357
02/28/11--01016--017 **516.25

CR2E041 (1/11)

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

5211 Skyline Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

5211 Skyline Blvd

Suite, Apt. #, etc.

City & State

Cape Coral, FL

City & State

Cape Coral, FL

Zip

33914

Country

Lee

Zip

33914

Country

Lee

4. State/Country of Formation

FL/ Lee

5. Date Organized or Qualified
To Do Business in Florida

9/20/2004

6. FEI Number

51-0524939

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

Donna K. Gross

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

5211 Skyline Blvd

Suite, Apt. #, Etc.

City

Cape Coral

State

FL

Zip Code

33914

REINSTATEMENT

2009-11 SKM

dgross2326@AOL.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

Donna K. Gross

Date 2/24/11

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
MGRM	Donna K. Gross	5211 Skyline Blvd	Cape Coral, FL 33914
MGRM	Allen F. Gross	5211 Skyline Blvd	Cape Coral, FL 33914

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

Donna K. Gross

Date

2/24/11

Daytime Phone #

239-573-1234

Typed or printed name of signing Managing Member/Manager

Donna K. Gross