

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # LO5000009187

1. Limited Liability Company's Name

Blue Star, LLC

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

242 S Washington Blvd #306

3. Mailing Office Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

Sarasota, FL

City & State

Zip

34236

Country

USA

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

January 28, 2005

6. FEI Number

202228739

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

Edmond G. Bloom

Street Address (P.O. Box Number is Not Acceptable)
242 S. Washington Blvd.

Suite, Apt #, Etc.
#306

City

Sarasota

State

FL

Zip Code

34236

E-mail Address:

800249047838
06/19/13--01029--008 **\$680.00

(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

REGISTERED AGENT MUST SIGN

Date 6-12-13

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
Pres	Edmond Bloom	244 S. Washington Blvd. Suite 306	Sarasota, FL 34236

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

Date

Daytime Phone #

6-12-13

Typed or printed name of signing Managing Member/Manager

cc/b/21