FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2010 MAR -9 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000009662

300171666273
03/09/10--01022--021 **516.25

CR2E041 (11/09)

1. Limited Liability Company's Name
BLUE TRAIL LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
8725 NW 18 Terrace	8725 NW 18 Terrace
Suite, Apt. #, etc.	Suite, Apt. #, etc.
202	202
City & State	City & State
Doral FL	Doral, FL
Zip / Country	Zip / Country
33172 / U.S.A.	33172 / USA

4. State/Country of Formation: FLORIDA, U.S.A.

5. Date Organized or Qualified To Do Business in Florida: 1/31/2005

6. FEI Number: 20-2270428 ☐ 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: ERNESTO M DELAHOZ

Street Address (P.O. Box Number is Not Acceptable): 8725 NW 18 TERRACE

Suite, Apt. #, Etc.: 202

City: DORAL | State: FL | Zip Code: 33172

☐ 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: [signature] Date: 2/25/2010
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
DIR	ANTONIO PINO	KM 6.5 VIA DURAN-TAMBO	GUAYAQUIL - ECUADOR
		REINSTATEMENT	08-10
			CR 3-10-10

11. E-mail Address: edelahoz@vicon.com
(To be used for future annual report notifications)

12. 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: [signature] Date: 2/25/10 Daytime Phone #: 593-4280910

Typed or printed name of signing Managing Member/Manager