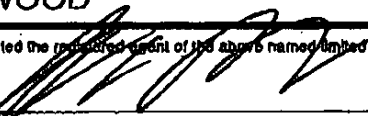
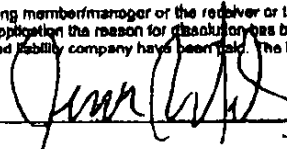


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

07 OCT 16 PM 2:03

800110856798

GR2E041 (1/07)

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L05000075509 1. Limited Liability Company's Name BLUE RIVER DEVELOPMENT, L.L.C.			
2. Principal Office Address - No P.O. Box # C/O FLORIDA LAND HOMES 4141 NE 2ND AVE.		3. Mailing Office Address SAME	
Suite, Apt. #, etc. 101K		Suite, Apt. #, etc. 	
City & State MIAMI, FL		City & State 	
Zip 33137	Country USA	Zip 	Country
4. State/Country of Formation FL/USA		5. Date Organized or Qualified To Do Business in Florida 08/02/05	
6. FEI Number 20-3204294		Applied For ☐ Not Applicable	
7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee imposed for a Certificate of Status			
8. Name and Address of Current Registered Agent Name GARY BROWN, ESQ. Street Address (P.O. Box Number is Not Applicable) 4000 HOLLYWOOD BLVD. Suite, Apt. #, Etc. 265-S City HOLLYWOOD State FL Zip Code 33021			
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 606, F.S. Signature of Registered Agent  Date 10/15/07 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
MGR	JEROME MILLER	4141 NE 2ND AVE SUITE 101K	MIAMI, FL 33137
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 606, 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 606.406, 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 10/15/07 Daytime Phone # 305-305-0976 Typed or printed name of signing Managing Member/Manager Jerome Miller			



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 273697 7612884

AUTHORIZATION

COST LIMIT : \$100.00

ORDER DATE : October 15, 2007

ORDER TIME : 10:47 AM

ORDER NO. : 273697-005

CUSTOMER NO: 7612884

RECEIVED
07 OCT 16 PM 12:41
CLERK OF COURTS
HILLSBOROUGH COUNTY
FLORIDA

DOMESTIC FILINGS

NAME: BLUE RIVER DEVELOPMENT, L.L.C.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret - Ext# 2949

EXAMINER'S INITIALS _____