SECR... DIVISION...

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

07 OCT 16 PM 2:03

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CR2E041 (1/07)

DOCUMENT # L05000075509

1. Limited Liability Company's Name

BLUE RIVER DEVELOPMENT, L.L.C.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
C/O FLORIDA LAND HOMES 4141 NE 2ND AVE.	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 Required 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 Acceptable): 4000 HOLLYWOOD BLVD.

Suite, Apt. #, Etc.: 265-S

City: HOLLYWOOD State: FL Zip Code: 33021

☑ 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: _____ 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 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 608.408, 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 #: 305-305-0926

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, 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 _____