

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

17 APR 19 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000084786

1. Limited Liability Company's Name

BLUE SKY HOSPITALITY LLC

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

12213 COLDSTREAM LANE

Suite, Apt. #, etc.

City & State

TAMPA FL 33626

Zip

33626

Country

HILLSBOROUGH

3. Mailing Office Address

12213 COLDSTREAM LANE

Suite, Apt. #, etc.

City & State

TAMPA FL

Zip

33626

Country

HILLSBOROUGH

CR2E041 (1/14)

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

☐ 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

MINISH PATEL

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

12213 COLDSTREAM LANE

Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33626

700298189637

04/19/17--01027--022 **932.50

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Minish Patel
REGISTERED AGENT MUST SIGN

Date **4-12-17**

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	MINISH PATEL	12213 COLDSTREAM LANE	TAMPA FL 33626
AMBR	PARKASH PATEL	2908 US HWY 301 S	WILSON NC 27893
AMBR	JAYMIN PATEL	3013 WENTWORTH WAY	TARPON SPRINGS FL

11. E-mail Address: **PATEL.JAY.NC@GMAIL.COM**

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member

Minish Patel

Date **4-12-17**

Daytime Phone #

813-300-5620

Typed or printed name of signing authorized representative/member

MINISH PATEL /MGR