PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 MAR -3 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CR2E041 (10/08)

DOCUMENT # L05000102421

1. Limited Liability Company's Name
Culpin BLUE WATER ENTERPRISES LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1300 Wildwood Dr.	1300 Wildwood Dr.
Suite, Apt. #, etc. N/A	Suite, Apt. #, etc. N/A
City & State St Augustine Fl.	City & State St Augustine Fl.
Zip 32086 Country US	Zip 32086 Country US

4. State/Country of Formation: St Johns County FL.

5. Date Organized or Qualified To Do Business in Florida: Oct 14/05

6. FEI Number: 203599063 ☐ 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: Mark Culpin
Street Address (P.O. Box Number is Not Acceptable): 1300 Wildwood Dr.
Suite, Apt. #, Etc.: N/A
City: St Augustine FL. State: FL Zip Code: 32086

☑ 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: Mark Culpin — Date: 2/25/09
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
MGRM	Mark Culpin	1300 Wildwood Dr. St Aug. Fl.	St Augustine Fl. 32086
	REINSTATEMENT 0709		

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.

Signature of Managing Member/Manager: Mark Culpin — Date: 2/25/09 — Daytime Phone # 904 823 8947
Cell 904 347-3811

Typed or printed name of signing Managing Member/Manager: _____