

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000102877

1. Limited Liability Company's Name

BLUE WATER INVESTMENT GROUP, LLC

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

6850 SW 45 LANE

Suite, Apt. #, etc.

UNIT 2

City & State

MIAMI, FL

Zip

33155

Country

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

8. Name and Address of Current Registered Agent

Name

REYNOLDS RODRIGUEZ-LAJONCHERE

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

6850 SW 45 LANE

Apt. #, Etc.

UNIT 2

City

MIAMI

State

FL

Zip Code

33155

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

Reynolds Rodriguez-Lajonchere

REGISTERED AGENT MUST SIGN

Date

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.	Reynolds Rodriguez-Lajonchere	6850 SW 45 LANE UNIT 2	MIAMI, FL 33155

11. E-mail Address:

(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 felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Reynolds Rodriguez-Lajonchere

Daytime Phone #

MAY 22 2017

Typed or printed name of signing authorized representative/member

FILED

17 MAY 19 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/14)

4. State/Country of Formation

FLOIRDA

5. Date Organized or Qualified
To Do Business in Florida

10/17/2005

6. FEI Number

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a certificate of status

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05/19/17--01009--006 **1765.00