

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 JUL 20 AM 10:00

DOCUMENT # L06000003657

1. Limited Liability Company's Name

**Blue Horizon LLC**

300183414279  
07/19/10--01045--014 \*\*\$55.00

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box # 5700 NE Island Cove Way		3. Mailing Office Address 5700 NE Island Cove Way	
Suite, Apt. #, etc. Suite 4101		Suite, Apt. #, etc. Suite 4101	
City & State Stuart, Florida		City & State Stuart, Florida	
Zip 34996	Country USA	Zip 34996	Country USA

4. State/Country of Formation

Connecticut

5. Date Organized or Qualified  
To Do Business in Florida

January 9, 2006

6. FEI Number

83-0443519

☐ 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  
Lance P. Richard, P.A.

Street Address (P.O. Box Number is Not Acceptable)  
51 East Ocean Boulevard

Suite, Apt. #, Etc.

City  
Stuart

State  
FL

Zip Code  
34994

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

7/16/10

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	David A. Shinnebarger	5700 NE Island Cove Way, Ste 4101	Stuart, Florida 34996

REINSTATEMENT 2007-2010

11. E-mail Address: dave@bluehorizonllc.com

(To be used for future annual report notifications)

12. 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

Date 7/15/2010

Daytime Phone # 954.422.2820

Typed or printed name of signing Managing Member/Manager David A. Shinnebarger, Managing Member