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
11 SEP -8 PM 4:17

DOCUMENT # L06000044342

1. Limited Liability Company's Name

CNU BLUE 2, LLC

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CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
7200 Corporate Center Drive	7200 Corporate Center Drive
Suite, Apt. #, etc.: Suite 600	Suite, Apt. #, etc.: Suite 600
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33126 Country: USA	Zip: 33126 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: April 27, 2006

6. FEI Number: 20-5440995 ☐ 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: NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): 515 E. Park Avenue

Suite, Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 32301

E-mail Address:

fernando_fernandez@continucare.com
(To be used for future annual report notices)

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 Katie Wonseh, Asst. Sec. Date 9/8/2011

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	Richard C. Pfenniger, Jr.	7200 Corporate Center Dr. #600	Miami, Florida 33126
MGR	Fernando L. Fernandez	7200 Corporate Center Dr. #600	Miami, Florida 33126

REINSTATEMENT 2007-2011

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. 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 Managing Member/Manager _____ Date 9/8/11 Daytime Phone # 305-500-2000

Typed or printed name of signing Managing Member/Manager Fernando L. Fernandez, Manager