

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **L06000082458**

1. Limited Liability Company's Name

**Bluedge Consulting LLC**

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

**1440 NW 52nd Ave**

Suite, Apt. #, etc.

3. Mailing Office Address

**1440 NW 52nd Ave**

Suite, Apt. #, etc.

City & State

**Fort Lauderdale, FL**

City & State

**Fort Lauderdale, FL**

Zip

**33313**

Country

**USA**

Zip

**33313**

Country

**USA**

8. Name and Address of Current Registered Agent

Name

**Carlo V.M. Smith**

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

**1440 NW 52nd Ave**

Suite, Apt. #, Etc.

City

**Fort Lauderdale**

State

**FL**

Zip Code

**33313**

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

**Carlo Smith**

REGISTERED AGENT MUST SIGN

Date **5/4/2010**

☐ 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.

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
<b>MGR</b>	<b>Carlo Smith</b>	<b>1440 NW 52nd Ave</b>	<b>Fort Lauderdale FL, 33313</b>

**REINSTATEMENT 08-10**

11. E-mail Address: ~~carlo@consultblu.com~~ **carlo@consultblu.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

**Carlo Smith**

Date **5/4/2010**

Daytime Phone # **(954) 579-6111**

Typed or printed name of signing Managing Member/Manager

**N. Olliver MAY 12 2010**

FILED  
10 MAY 11 AM 10:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200180496172  
05/06/10--01034--002 \*\*516.25

CR2E041 (11/09)