

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000121437

1. Limited Liability Company's Name

BLUE 2612, LLC

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

100 N. Biscayne Boulevard

3. Mailing Office Address

100 N. Biscayne Boulevard

Suite, Apt. #, etc.

Suite 500

Suite, Apt. #, etc.

Suite 500

City & State

Miami, FL

City & State

Miami, FL

Zip

33132

Country

Zip

33132

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business in Florida

12/21/2006

6. FEI Number

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

Jade Associates *Miami, Inc.*

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

100 N. Biscayne Boulevard

Suite, Apt. #, Etc.

Suite 500

City

Miami

State

FL

Zip Code

33132

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, do hereby agree with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

Date

11/14/07

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	Bibas, Karine	100 N. Biscayne Blvd, Suite 500	Miami, FL 33132
MGRM	Bibas, Georges	100 N. Biscayne Blvd, Suite 500	Miami, FL 33132
MGRM	C.L.V Societe Par Actions Simplifiees	8, rue Maryse Hastle	Lyon, 69008, France
REINSTATEMENT			
<i>2007</i>			

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

Date

11/15/07

Daytime Phone # 954 523 5555

Typed or printed name of signing Managing Member/Manager

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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