

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000061007

1. Limited Liability Company's Name

BLUEICE GROUP LLC.

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

6125 METROWEST BLVD

Suite, Apt. #, etc.

UNIT 105

City & State

ORLANDO, FL

Zip

32835

Country

US

3. Mailing Office Address

PO BOX 159

Suite, Apt. #, etc.

City & State

WINDERMERE, FL

Zip

34786

Country

US

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified

To Do Business in Florida **06/11/2007**

6. FEI Number

26-0393267

☐ 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

MAURION JACKSON

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

6125 METROWEST BLVD

Suite, Apt. #, Etc.

UNIT 105

City

ORLANDO

State

FL

Zip Code

32835

☒ 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, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **03/04/2009**

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	MAURION JACKSON	PO BOX 159	WINDERMERE, FL 34786

REINSTATEMENT

08, 09

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 **03/04/2009**

Daytime Phone # **321-228-7225**

Typed or printed name of signing Managing Member/Manager **MAURION JACKSON**

FILED

09 MAY 12 PM 12:04

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

**900155672189
05/08/09--01015--008 **277.50**

CR2E041 (10/08)

MAY 13 2009

AFFIDAVIT IN SUPPORT OF REQUEST TO WAIVE LATE FEES

STATE OF FLORIDA
COUNTY OF ORANGE

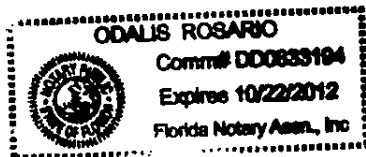
1. Maurion Jackson is the Managing Member of BLUEICE GROUP, LLC., a Florida Limited Liability Company, (hereinafter "LLC").
2. That the LLC was administratively dissolved by the Florida Department of State on September 26, 2008.
3. That the LLC failed to file its 2008 Annual Report or pay the 2008 Annual Report filing fee within the time prescribed by Florida Statutes Chapter 607 because:
 - 3.1 the written notice and requirements for filing the Annual Report and the Annual Report fee to the Florida Department of State was never received by the LLC; and
 - 3.2 the written notice was never received by the LLC or its Registered Agent that the Florida Department of State was commencing a procedure to administratively dissolve the LLC.
4. The LLC requests the Florida Department of State reinstate the LLC upon the payment by the LLC of its 2008 and 2009 Annual Report fees and the filing of its 2008 and 2009 Annual Reports, which are presented simultaneously with this Affidavit.
5. BLUEICE GROUP, LLC., satisfies the requirements of the Florida Statutes 607.0401.

Dated this 4th day of March, 2009

BLUEICE GROUP, LLC.

BY: _____

Maurion Jackson, Managing Member



SWORN AND SUBSCRIBED

Before me this 11th day of March 2009.

Odalis Rosario

Notary Public

Printed Name: _____

Odalis Rosario