


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Secretary of State DIVISION OF CORPORATIONS

FILED

10 MAY -5 PM 2:51

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

800180416758

**05/06/10--01001--028 **416.25
CR2E041 (1/7/09)**

DOCUMENT # L07000069971

1. Limited Liability Company's Name

Blue Sky Carwash LLC

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

6717 Linford Ln.

Suite, Apt #, etc

3. Mailing Office Address

& Same

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Zip

32217

Country

FL

Zip

Country

4. State/Country of Formation

FL

US

5. Date Organized or Qualified
To Do Business in Florida

7-5-07

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

Schwylar R. Elliott

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

6717 Linford Ln.

Suite, Apt #, Etc

City

Jacksonville

State

FL

Zip Code

32217

☒ 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

Schwylar R. Elliott

REGISTERED AGENT MUST SIGN

Date

May 5, 10

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
<u>mgrm</u>	<u>Schwylar R. Elliott</u>	<u>6717 Linford Ln.</u>	<u>Jacksonville, FL 32217</u>

REINSTATEMENT

08-10 R 5-5-10

11. E-mail Address

(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

Schwylar R. Elliott

Date

May 5, 10

Daytime Phone #

(904) 234-8167

Typed or printed name of signing Managing Member/Manager

Schwylar R. Elliott