

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000097215

1. Entity Name
MIAMI BLUE USA, LLC



Principal Place of Business
4770 BISCAYNE BLVD., SUITE 1430
MIAMI, FL 33137

Mailing Address
4770 BISCAYNE BLVD., SUITE 1430
MIAMI, FL 33137

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08102009

REIN-LLC

CR2E101 (1/07)

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SERFATY, CHARLES S ESQ.
4770 BISCAYNE BLVD., SUITE 1430
MIAMI, FL 33137

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Charles S. Serfaty

(NOTE: Registered Agent signature required when reinstating)

8/10/09

DATE

FILE NOW!!! FEE IS \$277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME SEBAN, ALFRED
STREET ADDRESS 4770 BISCAYNE BLVD., SUITE 1430
CITY-ST-ZIP MIAMI, FL 33137

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000159562610
CITY-ST-ZIP 08/13/09--01035--004 **277.50

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

REINSTATEMENT

RH

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Charles S. Serfaty

8/10/09

305-722-8555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #