2009 LIMITED LIABILITY COMPANY REINSTATEMENT

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DOCUMENT # L07000097215			3		PILL		
1. Entity Name MIAMI BLUE USA, LLC			是是一个	^	AUG 13 A	M 4: 32	
				U:	AUG 10 h	CTATE	
Principal Place of Business Mailing Address				SE	CRETARY OF	EIUBHUY	
4770 BISCAYNE BLVD., SUITE 1430 4770 BISCAYNE BLVD		., SUITE 1430		TAI	LAHASSEE.	LEGIMEN	
MIAMI, FL 33137 MIAMI, FL 33137							
2. Principal Place of Business - No P.O. Box # 3. Mailing Address						13  1	
Suite, Apt. #, etc	Suite, Apt. #, etc.	Suite, Apt. #, etc.		08102009	REIN-LLC	CR2E101 (1/07)	
City & State	City & State		4. FEI Numb	er	<del>  _   _   _   _   _   _   _   _   _   _</del>	pplied For ot Applicable	
Zip Country	Zip	Country		5. Certificate	of Status Desired	□ \$5.00 Add	ditional
S. Name and Address of Curre	nt Registered Agent	<u> </u>			Fee Required ne and Address of New Registered Agent		
6. Name and Address of Current Registered Agent			Name				
SERFATY, CHARLES S ESQ. 4770 BISCAYNE BLVD., SUITE 1430		-	Street Address (P.O. Box Number is Not Acceptable)				
MIAMI, FL 33137		F					
		-	City			FL Zip Cod	ie
8. The above named entity cubmits this fiatement of the purpose of chyloging its rigis		s registered	d office or register	ed agent, or :00	th, in the State of Flo	orida. Lam familiar with.	, and accept
the obligations of registered agent.							
SIGNATURE Signature, typoid or product noore of registered signature.	on and title if applicative	TE: Registered	Agent signature require	ed when reinstating)		DATE	
FILE NOW!!! FEE IS \$277.50 In accordance with s. 60 liability company did not						e check payable to a Department of Stat	e
9. MANAGING MEMBERS/MANAGERS 10.		10.			ADDITIONS	CHANGES	
TITLE MGR Delete						☐ Change	Add lion
NAME SEBAN, ALFRED STREET ADDRESS 4770 BISCAYNE BLVD., SUITE 1430		NAME STREET	I ADDRESS	000159562610 08/13/0901035004 **277.50			
CITY-SI-ZIP MIAMI, FL 33137			ST-ZIP	08/1:	3/0901035	5UU4 **27 <sub>1</sub>	7.5U
TITLE	☐ Delete					☐ Change	Add-tion
NAME STREET ADDRESS	I ADDRESS		ME LEET ADORESS				
CITY-ST-ZIP	City				****		
TITLE	☐ Delete IIII.					☐ Change	☐ Add₁tion
1. 3/-			I ADDRESS				
CITY - ST - ZIP	ZIP CITY						<u></u>
TITLE NAME	Oelelis Tiill					Change	Add tion
STREET ADDRESS			ADDRESS				
City-St-ZIP		CITY-S	ST-ZIP			pent,	
TILE Delete TILL NAME NAME						Change	Addition
STREET ADDRESS RETNSTATEMENT STR			ADDRESS				
		CITY-S	ST-ZIP				
TITLE NAME	Deleta	TITLE NAME				☐ Change	Addition
STREET ADDRESS			ADDRESS				
CITY-SI-ZIP		CITY-S					
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 accelerate 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 received or trusted empowered to execute this legal accelerated by Chapter 608, Florida Statutes.							
SIGNATURE: Charles & Sylm 1 8/10/09 305-722-8555							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, ANAGER, OF AUTHORIZED REPRESENTATIVE Date Daylone Phone #							