PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 NOV 22 AM 9:59
SECRETARY OF STATE
DIVISION OF CORPORATIONS

500188033825

CR2E041 (05/10)

DOCUMENT # L09000038632

1. Limited Liability Company's Name

BLUE SKIES MAGAZINE, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1665 LEXINGTON AVE.		1665 LEXINGTON AVE.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
SUITE 103		SUITE 103	
City & State		City & State	
DELAND, FL		DELAND, FL	
Zip	Country	Zip	Country
32724	USA	32724	USA

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 04/21/2009

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: CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS ST.

Suite, Apt. #, Etc.:

City	State	Zip Code
TALLAHASSEE	FL	32301

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: Lamont W Jones, Assistant VP Date: 11/22/10

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	KOLBRUN KOLBEINSDOTTIR	1665 LEXINGTON AVE., SUITE 103	DELAND, FL 32724
MGRM	LARA K. KJELDSEN	1665 LEXINGTON AVE., SUITE 103	DELAND, FL 32724
MGRM	PIERRE KOTZE	1665 LEXINGTON AVE., SUITE 103	DELAND, FL 32724
		REINSTATEMENT	2010

11. E-mail Address: KOLLA@BLUESKIESMAG.COM
(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: _____ Date: 11.19.10 Daytime Phone #: 386.259.0326

Typed or printed name of signing Managing Member/Manager: Kolbrun Kolbeinsdottir

CSC

CORPORATION SERVICE COMPANY

L09000038632

ACCOUNT NO. : I20000000195

REFERENCE : 584351 7701765

AUTHORIZATION : Lynn Coleman

COST LIMIT : $ 238.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 NOV 22 AM 9:55

ORDER DATE : November 19, 2010

ORDER TIME : 3:28 PM

ORDER NO. : 584351-005

CUSTOMER NO: 7701765

DOMESTIC FILINGS

NAME: BLUE SKIES MAGAZINE, LLC

RECEIVED
10 NOV 22 PM 4:13
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Matthew Young - Ext# 2962

EXAMINER'S INITIALS _____