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PLEASE READ ALL INSTRUCTIONS BEFORE

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L10000029139

1. Limited Liability Company's Name
BLUEWATER INVESTMENTS GROUP, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2105 MACFARLAND DRIVE	2105 MACFARLAND DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: COCOA FL	City & State: COCOA FL
Zip: 32922 Country: USA	Zip: 32922 Country: USA

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 03/16/2010

6. FEI Number: 27-2123425 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, etc.:

City: PLANTATION State: FL Zip Code: 33324

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: Connie Bryan Assistant Secretary Date: 8/7/2015

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Title	Name of Authorized Representative/ Manager	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	PAAS, ARNO	2105 MACFARLAND DRIVE	COCOA, FL 32922

REINSTATEMENT 2014-2015

11. E-mail Address: Ajohnsp1958@yahoo.com
(To be used for future annual report notification)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0112, F.S., and that all fees owed by the limited liability company have been paid. This information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. *I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.*

Signature of Authorized Representative/Manager: [signature] Date: 8/6/15 Daytime Phone #: 304-345-3017

Typed or printed name of signing Authorized Representative/Manager: ARNO J.C. PAAS Member Manager

FLR10 - 01/03/2014 Version Known Online

08/08/2015 3:43PM FAX 3043452851 AJSP LLC 0002/0003

8/7/2015 4:04:12 PM From: To: 8506176384 (3/3)

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RE-SUBMIT

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LIMITED LIABILITY REINSTATEMENT
BLUEWATER INVESTMENTS GROUP, LLC

Certificate of Status	0
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Attn: Leslie Sellers

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