

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JAN 18 PM 3:14

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L10000091345

1. Limited Liability Company's Name

SKYBLUE HOLDINGS, LLC  
2011

2. Principal Office Address - No P.O. Box #  
888 Biscayne Blvd.

Suite, Apt. #, etc.

Suite 100

City & State

Miami, Florida

Zip

33132

Country

USA

3. Mailing Office Address

888 Biscayne Blvd.

Suite, Apt. #, etc.

Suite 100

City & State

Miami, Florida

Zip

33132

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

8/27/2010

6. FEI Number

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

CR2E041 (1/11)

8. Name and Address of Current Registered Agent

Name

Avra Jain

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

888 Biscayne Blvd.

Suite, Apt. #, Etc.

Suite 100

City

Miami

State

FL

Zip Code

33132

E-mail Address:

000218802400

01/18/12--01020--008 \*\*377.50

avrajain@gmail.com

(To be used for future annual report notices)

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

Date

1/17/12

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
MGR	AVRA JAIN	888 Biscayne Blvd Suite # 100	Miami FL 33132

REINSTATEMENT

2011-2012

11. 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 608.408, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing  
Member/Manager

Date

1/17/12

Daytime Phone #

305 495 1735

Typed or printed name of signing Managing Member/Manager

Avra Jain