
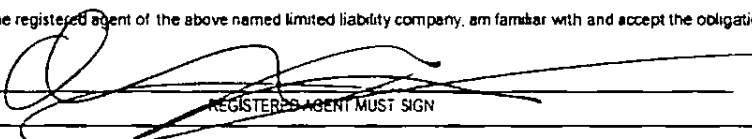
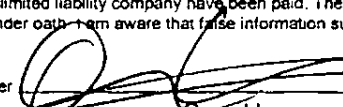


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>L11000079387</b>		400319360794 10/04/18--01017--008 **100.00 400319360794 10/04/18--01017--008 **693.75 <del>400319360794</del> <del>10/04/18--01017--008 **693.75</del>	
1. Limited Liability Company's Name <b>Pegasus Ventures</b>			
2. Principal Office Address - No P.O. Box # <b>2875 NE 191st St.</b>		3. Mailing Office Address <b>2875 NE 191st St.</b>	
Suite, Apt. #, etc. <b>STE PH-2A</b>		Suite, Apt. #, etc. <b>STE PH-2A</b>	
City & State <b>Aventura, FL</b>		City & State <b>Aventura, FL</b>	
Zip <b>33180</b>	Country <b>USA</b>	Zip <b>33180</b>	Country <b>USA</b>
8. Name and Address of Current Registered Agent			
Name <b>Oren Hon</b>			
Street Address (P.O. Box Number is Not Acceptable) Suite <b>2875 NE 191st St.</b>			
Apt. #, Etc. <b>STE PH-2A</b>			
City <b>Aventura</b>		State <b>FL</b>	Zip Code <b>33180</b>
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 		Date <b>9/27/2018</b>	
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
Manager	Oren Hon	2875 NE 191st St.	Aventura, FL 33180
11. E-mail Address <b>oren@bluearchcapital.com</b>			
(To be used for future annual report notifications)			
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 requirement of section 605.0012, 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 authorized representative/member 		Date <b>9/27/2018</b> Daytime Phone # <b>305-933-5222</b>	
Typed or printed name of signing authorized representative/member <b>Oren Hon</b>			

CR2ED41 (1/14)

4. State/Country of Formation <b>USA</b>	
5. Date Organized or Qualified To Do Business in Florida <b>07/11/2011</b>	
6. FEI Number <b>45-2718287</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

FILED  
18 OCT -4 PM 5:25  
TALLAHASSEE, FLORIDA  
S. YOUNG

OCT-20-2018

S. YOUNG