

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

17 DEC 15 PM 1:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L12000092746

1. Limited Liability Company's Name

BLUE 7 LLC

REINSTATEMENT

300308762229
12/15/17--01021--029 **793.75

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 1655 NE 115 STREET		3. Mailing Office Address 245 SE 1ST STREET	
Suite Apt. #, etc. APT 27 B		Suite, Apt. #, etc. STE 225	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33181	Country US	Zip 33131	Country US

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 07/17/2012	
6. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

8. Name and Address of Current Registered Agent

Name MARTTI KALKAS			
Street Address (P.O. Box Number is Not Acceptable) Suite, 245 SE 1ST ST			
Apt. #, Etc. STE 225			
City MIAMI	State FL	Zip Code 33131	

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 12/11/2017

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGRM	HERMINIO L FAVARAO	1655 NE 115 STREET APT 27 B	MIAMI, FL 33181

11. E-mail Address FAVARAO@HOTMAIL.COM

(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 12/11/2017

Daytime Phone # 305 571 9716

Typed or printed name of signing authorized representative/member

HERMINIO FAVARAO

MARTTI KALKAS