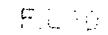
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM



LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # L12000092746

1. Limited Liability Company's Name

17 DEC	15	PH	 :	13
344				

REINSTATEMENT

BLUE 7	110	•							
BEUE (LLC						900 3	3067622; 01021029	23 **793.75
2 Principal	→ Office Addr	ress - Na P.O. Bax#	3 Mailing Office	- Address		\dashv		CR2E041 (1/14)	
1655 NE 115 STREET			245 SE 1ST STREET		1 5	4. State/Country of Formation			
Suite Apt. *			Suite, Apt #, etc				FLORIDA		
APT 27 E			STE 225	1			5 Date Organized or Qualified		
City & State			City & State				Do Business in Flori	nda 07/17/2012	
MIAMI, F			MIAMI, FL			6. FEI	6. FEI Number Applied For		
Zip		Country	Zip		Country				Not Applicable
33181		US	33131		US	7. CERTI	IFICATE OF STATUS DE	SIREO S5.00 Addition for a certificat	al Fee required te of status
		8. Name and Addres	ss of Current Regist	tered Agent		_			
Name MARTTI	KALKAS								
245 SE 1	1ST ST	Number is Not Acceptable) Su	ite.						
Apt #, 51 STE 225									
City MIAMI					ate Zip Code 33131				
9. I bein	ng appointed I	the registered agent of the at	bove named limited liz	ability compa	any, am familiar with and	d accept the ob	Aligations of Chapt	er 605, F S.	
Signature o Registered	of d Agent	 	REGISTERED AGENT	TABLET SIGN			Dat	12/11/2017	
- KU Names	s and Street A	Addresses of Authorized Repre	esentatives/Managers			 			
Titles		Name of Authorized Representative Managers	s/	Street Address of Each Authorized Representative/ Manager			City / State / Zip		
MGRM	 	HERMINIO L FAVARAO 1655 NE		NE 115 STREET APT 27 B			MIAMI, FL 33181		
									
				-,,					
11. E-mail	Address FA	AVARAO@HOTMA		(To be used for	r future annual report notific	ications)	•	····	
cenify that 605 0012, i shall have	t when filing th , F.S., and tha : the same leg	n authorized representative/ this reinstatement application at all fees owed by the limite gal effect as if made under only only 817,155, F.S.	on the reason for disse ed liability company h	solution has t have been pa	been eliminated, the lin paid. The information inc mation submitted in a di	mited frability of adicated on This document to the	company name sa is application is tru ne Department of S	atisfies the requirement of size and accurate, and my size State constitutes a third de	section gnature gree
Signature o	of authorized	representative/member <u>U</u>	Mary T			2/ 1 1/201	. 7 Daytime Pho	3055719 KAS	1716
Typed or o	onnted name	Of Signing authorized regres	sentative/member	JERMINI	LO EAWARAO	MART	TI KA	-KAS	