

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L14000147826

1. Limited Liability Company's Name

BLUE OCEAN HOTELS AND RESORTS, LLC

2. Principal Office Address - No P.O. Box #

1101 BRICKELL AVE.

Suite, Apt. #, etc

SUITE G0, NO 310367

City & State

MIAMI, FL

Zip

33231

Country

USA

3. Mailing Office Address

6626 EAST BENT TREE DRIVE

Suite, Apt. #, etc

City & State

SCOTTSDALE, AZ

Zip

85266

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

SEPT 19, 2014

6. FEI Number

47-1916814

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a certificate of status

8. Name and Address of Current Registered Agent

Name

AMERICAN SAFETY COUNCIL, INC.

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

5125 ADANSON ST. 235 E Robinson St # 570

Apt. #, Etc

City

ORLANDO

State

FL

Zip Code

32804 32801

300287887993  
07/13/16--01002--030 \*\*\$77.50

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

*Denise Barton*

Date

*July 5 2016*

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
MGR	DENISE SMALL	6626 E. BENT TREE DRIVE	SCOTTSDALE, AZ 85266
MGR	JOHN SMALL	6626 E. BENT TREE DRIVE	SCOTTSDALE, AZ 85266

REINSTATEMENT

S. HAWKES

JUL 14 A.M.

11. E-mail Address: jsmall@bluemtnresorts.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. 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

6/23/2016

Daytime Phone #

858-248-0919

Typed or printed name of signing authorized representative/member

JOHN SMALL, MGR