


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L15000148964
1. Limited Liability Company's Name
BLUE REAL ESTATE HOLDINGS US, LLC

5003283 71 765
04/23/19--01004--007 **655.00
630.00

2. Principal Office Address - No P.O. Box #
2863 EXECUTIVE PARK DRIVE
Suite, Apt. #, etc
SUITE 105
City & State
WESTON, FLORIDA
Zip Country
33331 USA

3. Mailing Office Address
2863 EXECUTIVE PARK DRIVE
Suite, Apt. #, etc
SUITE 105
City & State
WESTON, FLORIDA
Zip Country
33331 USA

CR2E041 (1/14)

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified To Do Business in Florida
09/04/2015

6. FEI Number
47-5142930

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a certificate of status

8. Name and Address of Current Registered Agent
Name
JOEL FRIEND AND ASSOCIATES, INC.
Street Address (P.O. Box Number is Not Acceptable) Suite
2863 EXECUTIVE PARK DRIVE
Apt. # Etc
SUITE 105
City State Zip Code
WESTON FL 33331

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MAY 07 2019
2019 APR 23 PM 12:11
FILED
SECRETARY OF STATE
TALLIEN ASSHEE, III

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 *J. Friend* Date **04/19/2019**
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	Blue Real Estate Holding Corporation	Ricardo Arias St. Advanced Bld Panama	CITY OF PANAMA, PM 01310 PM

11. E-mail Address _____
(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 *Miguel Berroa Rivera* Date **04/19/2019** Daytime Phone # **954-704-1040**
Typed or printed name of signing authorized representative/member **Miguel Berroa Rivera, VP of Blue Real Estate Holding Corporation**