PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

FILED

2024 NOV 22 AM 10: 13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11/22/24--01006--002 **238.75

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L18 00006 8976

1. Limited Liability Company's Name
BLUE POINTE PARTNERS LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
18701 SE FEDERAL HWY	18701 SE FEDERAL HWY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TEQUESTA, FL	City & State: TEQUESTA, FL
Zip: 33469 Country: US	Zip: 33469 Country: US

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business In Florida: 3/15/2018

6. FEI Number: 82-4856693 ☐ 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: Gregory R. Cohen, Esq.

Street Address (P.O. Box Number is Not Acceptable) Suite: 712 US Highway One

Apt. #, Etc.: Suite 400

City: North Palm Beach State: FL Zip Code: 33408

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: 11/15/2024

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
AMBR	RYAN WITKOWSKI	132 Dunmore Dr.	Jupiter, FL 33458
Mgr/AMBR	Laurel Witkowski	132 Dunmore Dr.	Jupiter, FL 33458

11. E-mail Address: sophiashobesound@gmail.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: 11/15/2024 Daytime Phone #: 561-844-3600

Typed or printed name of signing authorized representative/member: RYAN WITKOWSKI

T. WILSON
NOV 22 2024