

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CR2E041 (1/14)

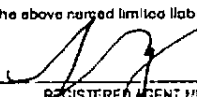
LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **L18 0000 68476**
 1. Limited Liability Company's Name
BLUE POINTE PARTNERS LLC

2. Principal Office Address - No P.O. Box # 18701 SE FEDERAL HWY		3. Mailing Office Address 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

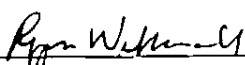
4. State/Country of Formation FLORIDA
5. Date Organized or Qualified To Do Business In Florida 3/15/2018
6. FEI Number 82-4856693
7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a certificate of status

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
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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	
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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

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	