

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 APR 12 PM 2:35

DOCUMENT # **L99000005559 1/24/01**

1. Limited Liability Company's Name

**Blue Sun Enterprises, LLC**

2. Principal Office Address

**1744 Lenox Ave**

Suite, Apt. #, etc.

3. Mailing Office Address

**1744 Lenox Ave**

Suite, Apt. #, etc.

City & State

**Miami Beach, FL**

Zip

Country

**USA**

City & State

**Miami Beach, FL**

Zip

Country

**33139 USA**

4. State/Country of Formation

**FL USA**

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

**APPLIED FOR**

☒ 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

**Filings, Inc.**

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

**3732 Northwest 16th St.**

Suite, Apt. #, Etc.

City

**Fort Lauderdale**

State

**FL**

Zip Code

**33311**

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

**2/23/01**

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
---	<b>HGRM Cali St. John</b>	<b>1744 Lenox Ave</b>	<b>Miami Beach FL 33139</b>
			<b>300004014173--8</b> -04/17/01--01105--006 *****50.00 *****50.00
			<b>300004014173--8</b> -04/17/01--01105--007 *****52.50 *****52.50

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, 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 requirements of section 608.406, 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.

Signature of  
Managing Member/Manager

*[Signature]*

Date

**2/23/01**

Daytime Phone #

**305 695 9105**

Typed or printed name of signing Managing Member/Manager

**Cali St. John**

CR2041 (9/99)

2062

Form **SS-4**

# Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

(Rev. April 2000)

Department of the Treasury  
Internal Revenue Service

► Keep a copy for your records.

OMB No. 1545-0003

Please type or print clearly.	<b>1</b> Name of applicant (legal name) (see instructions) <b>Blue Sun Enterprises, LLC</b>	
	<b>2</b> Trade name of business (if different from name on line 1)	<b>3</b> Executor, trustee, "care of" name <b>Cali St. John</b>
	<b>4a</b> Mailing address (street address) (room, apt., or suite no.) <b>1744 Lenox Avenue</b>	<b>5a</b> Business address (if different from address on lines 4a and 4b)
	<b>4b</b> City, state, and ZIP code <b>Miami Beach, FL 33139</b>	<b>5b</b> City, state, and ZIP code
	<b>6</b> County and state where principal business is located <b>Miami Dade County, Florida</b>	
	<b>7</b> Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ► <b>072-44-3393</b>	
	<b>Cali St. John</b>	

**8a** Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

- |   |  |
|---|--|
| <input type="checkbox"/> Sole proprietor (SSN) _____  | <input type="checkbox"/> Estate (SSN of decedent) _____      |
| <input type="checkbox"/> Partnership <input type="checkbox"/> Personal service corp.              | <input type="checkbox"/> Plan administrator (SSN) _____      |
| <input type="checkbox"/> REMIC <input type="checkbox"/> National Guard                            | <input type="checkbox"/> Other corporation (specify) ► _____ |
| <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative     | <input type="checkbox"/> Trust                               |
| <input type="checkbox"/> Church or church-controlled organization                                 | <input type="checkbox"/> Federal government/military         |
| <input type="checkbox"/> Other nonprofit organization (specify) ► _____ (enter GEN if applicable) |  |
| <input checked="" type="checkbox"/> Other (specify) ► <b>in active holding company</b>            |  |

**8b** If a corporation, name the state or foreign country (if applicable) where incorporated

State <b>Florida</b>	Foreign country <b>USA</b>
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**9** Reason for applying (Check only one box.) (see instructions)

<input type="checkbox"/> Started new business (specify type) ► _____	<input type="checkbox"/> Banking purpose (specify purpose) ► _____
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Changed type of organization (specify new type) ► _____
<input type="checkbox"/> Created a pension plan (specify type) ► _____	<input type="checkbox"/> Purchased going business
	<input type="checkbox"/> Created a trust (specify type) ► _____
	<input type="checkbox"/> Other (specify) ► _____

**10** Date business started or acquired (month, day, year) (see instructions)  
**Dec 20, 1999**

**11** Closing month of accounting year (see instructions)  
**December 31**

**12** First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) . . . . . ► **No wages at this time**

**13** Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions) . . . . . ►

Nonagricultural	Agricultural	Household
<b>0</b>	<b>0</b>	<b>0</b>

**14** Principal activity (see instructions) ► **inactive holding company**

**15** Is the principal business activity manufacturing? . . . . . ☐ Yes ☒ No  
If "Yes," principal product and raw material used ► \_\_\_\_\_

**16** To whom are most of the products or services sold? Please check one box. ☐ Business (wholesale) ☐ N/A  
☐ Public (retail) ☒ Other (specify) ► **Holds a patent**


**17a** Has the applicant ever applied for an employer identification number for this or any other business? . . . . . ☐ Yes ☒ No  
Note: If "Yes," please complete lines 17b and 17c.

**17b** If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.  
Legal name ► \_\_\_\_\_ Trade name ► \_\_\_\_\_

**17c** Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.  
Approximate date when filed (mo., day, year) City and state where filed Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly.) ► <b>Cali St. John</b>	Business telephone number (include area code) ( <b>305</b> ) <b>695-8105</b>
	Fax telephone number (include area code) ( <b>305</b> ) <b>695-9107</b>

Signature ►  Date ► **2/27/01**

Note: Do not write below this line. For official use only.

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying
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