

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # F99000006410

1. Corporation Name

B.L. OF MIAMI, INC.

Principal Place of Business

5100 WEST SAHARA AVENUE, 4TH FLOOR
LAS VEGAS NV 89146

Mailing Address

5100 WEST SAHARA AVENUE, 4TH FLOOR
LAS VEGAS NV 89146

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

12/10/1999

5. FEI Number 44449
8804 APPLIED FOR

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	CHAIT, MITCHELL	5100 WEST SAHARA AVENUE, 4TH FLO	LAS VEGAS NV 89146
ST	CORRIGAN, RYAN	5100 WEST SAHARA AVENUE, 4TH FLO	LAS VEGAS NV 89146

000003500400--1
-12/13/00--01104--006
****750.00 ****750.00

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name Mitchell Chait
Street Address (P.O. Box Number is Not Acceptable)
1500 Ocean Drive
Suite, Apt. #, etc.
ap 710
City Miami Beach
State FL Zip Code 33139

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Mitchell Chait
REGISTERED AGENT MUST SIGN

Date 11/28/00

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

KE

SIGNATURE:

Mitchell Chait
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/28/00
Date

Daytime Phone #
702-248-
0063