

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 SEP -7 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300059376743
09/07/05--01010--002 **857.50

DOCUMENT # **194000002494**

1. Corporation Name
BLUE STAR CONDOMINIUM ASSOCIATION INC

2. Principal Office Address
2032 NW 22ND AVE

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State

Zip
33142

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida 05/18/1994

5. FEI Number
20-3139990

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
JORGE LOPEZ

Street Address (P.O. Box Number is Not Acceptable)
2032 NW 22ND AVE

Suite, Apt. #, Etc.

City
MIAMI

State Zip Code
FL 33142

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date 07/15/2005

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	JORGE LOPEZ	2032 NW 22ND AVE	MIAMI, FL 33142
VP	MARIBEL LOPEZ	2032 NW 22ND AVE	MIAMI, FL 33142
T	MARTA LOPEZ	2032 NW 22ND AVE	MIAMI, FL 33142

10. 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/15/05

Date

305-638-9107

Daytime Phone #

CR2E081 (07/05)