

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P 02000103762

1. Corporation Name

BLUE ROOM WELLNESS CENTER INC

Principal Place of Business

Mailing Address

5545 SW 8 STREET UNIT 209 MIAMI FL 33134
5545 SW 8 STREET UNIT 209 MIAMI FL 33134

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

5545 SW 8 STREET UNIT 209 MIAMI FL 33134

Suite, Apt. #, etc.
UNIT 209

Suite, Apt. #, etc.
UNIT 209

City & State
MIAMI FL

City & State
MIAMI FL

Zip Country
33155 USA

Zip Country
33155 USA

4. Date Incorporated or Qualified To Do Business in Florida

9-25-02

5. FEI Number

04-3715269

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	NOELIA SAAVEDRA	5930 SW 16 TERRACE	MIAMI FL 33134
S/D	Desiree Collazo	5930 SW 16 TERRACE	MIAMI FL 33134

200023765052
10/13/03--01094--009 **150.00

8. Name and Address of Current Registered Agent

NOELIA SAAVEDRA
5930 SW 16 TERRACE
MIAMI FL 33134

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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

Noelia Saavedra
REGISTERED AGENT MUST SIGN

Date 10/9/03

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.

SIGNATURE:

Noelia Saavedra
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/9/03

Blue Room Wellness Center Inc
5545 SW 8th Street; Suite 209
Miami, Florida 33134
305-269-1592

October 9, 2003

To: Florida Department of State
Division of Corporations
PO BOX 6327
Tallahassee, Florida 32314

Re: Reinstatement Request/Annual Report

To Whom It May Concern:

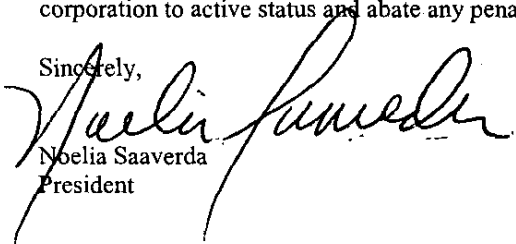
We request that you consider reinstating our corporation with your department based on reasonable cause.

Today, our bank informed us that during their internal review, our corporation is currently inactive. It appears that because we moved our office on October 02, 2002 to 5545 SW 8th Street, Suite 209 Miami, Florida 33155, the annual report was never received by us, consequently, the payment was not made.

Also, we are attaching our lease agreement dated October 02, 1999 for your review and consideration, and attaching the reinstatement form together with our check totaling \$150.00.

Finally, thank you for your attention to this matter and consideration to our request to reinstate our corporation to active status and abate any penalties due.

Sincerely,


Noelia Saaverda
President