

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000105181

**FILED**  
**Mar 19, 2009**  
**Secretary of State**

**Entity Name:** BLUE LINE - LC INC.

**Current Principal Place of Business:**

4808 N DIXIE HWY  
IAKLAND PARK, FL 33334

**New Principal Place of Business:**

1816 N DIXIE HWY  
SUITE D-2  
FORT LAUDERDALE, FL 33305

**Current Mailing Address:**

4808 N DIXIE HWY  
IAKLAND PARK, FL 33334

**New Mailing Address:**

1816 N DIXIE HWY  
SUITE D-2  
FORT LAUDERDALE, FL 33305

**FEI Number:** 26-1115385

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SILVA, CARLOS E  
4808 N DIXIE HWY  
IAKLAND PARK, FL 33334 US

**Name and Address of New Registered Agent:**

SILVA, CARLOS E  
1816 N DIXIE HWY  
SUITE D-2  
FORT LAUDERDALE, FL 33305 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CARLOS E. SILVA

03/19/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPVP ( ) Delete  
Name: SILVA, CARLOS E  
Address: 4808 N DIXIE HWY  
City-St-Zip: IAKLAND PARK, FL 33334

Title: TS ( ) Delete  
Name: SILVA, CARLOS E  
Address: 4808 N DIXIE HWY  
City-St-Zip: IAKLAND PARK, FL 33334

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: SILVA, CARLOS E  
Address: 1816 N DIXIE HWY STE D-2  
City-St-Zip: FORT LAUDERDALE, FL 33305

Title: TS (X) Change ( ) Addition  
Name: SILVA, CARLOS E  
Address: 1816 N DIXIE HWY STE D-2  
City-St-Zip: FORT LAUDERDALE, FL 33305

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOS E. SILVA

PDST

03/19/2009

Electronic Signature of Signing Officer or Director

Date