

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 11 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 307295.

1. Corporation Name

ABC Blueprint Inc.

REINSTATEMENT 03

600025400316

12/10/03--01068--020 **150.00

2. Principal Office Address

2751 S.W. 8st

Suite, Apt. #, etc.

3. Mailing Office Address

2751 S.W. 8st

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33135

Country

U.S.A.

Zip

33135

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

591163444

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

Carlos A. Valdes Sr.

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

2751 S.W. 8st

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33135

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 12-2-03

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 |
|--------|--------------------------------------|---|--------------------|
| PSTD | Carlos A. Valdes Sr. | 2751 SW. 8st | Miami / FL / 33135 |
| | | | |
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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

12-2-03

Date

305-649-9611

Daytime Phone #

CR2E081 (10/02)

12-2-03

To whom it may concern:

Enclosed you will find a copy of the check for the annual business report that was sent timely. for some reason you did not receive as per a letter received from the department of state.

Please except this enclosed check and abate all penalties.

Thank you,



Carlos A. Valdes Sr.