

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 JAN 18 PM 12:49

DOCUMENT # F99000000493

1. Corporation Name

~~POST, INC.~~ Blueflame, Inc.

Principal Place of Business

Mailing Address

3 UNIVERSITY PLAZA, SUITE 600
HACKENSACK NJ 07601-6223

3 UNIVERSITY PLAZA, SUITE 600
HACKENSACK NJ 07601-6223



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

4. Date Incorporated or Qualified
To Do Business in Florida

01/26/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

13-3276922

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	TANDOWSKI, BENJAMIN	241 ALPINE ROAD	PARAMUS NJ 07652
V	WRIGHT, ANDREW	166 LAKE ROAD	BASKING RIDGE NJ 07920
REINSTATEMENT 2000			
2000003575372--0			
-01/25/01--01103--002			
****750.00 ****750.00			
(Note: 2001 UBR was mailed 1/22/01)			

8. Name and Address of Current Registered Agent

BIENICK, PAUL
4040 CROCKERS LAKE BLVD., APT. 1714
SARASOTA FL 34238

9. Name and Address of New Registered Agent

Name PAUL BIENICK
Street Address (P.O. Box Number is Not Acceptable)
~~8008 VIA PROBE~~ 4681 Sweetmeadow Cir
Suite, Apt. #, Etc.
City SARASOTA State FL Zip Code 34238

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

Paul Bienick REGISTERED AGENT MUST SIGN

Date

10/24/00

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.

SIGNATURE:

Andrew Wright
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/00

Date

201-488-7222

Daytime Phone #

x104