

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT -7 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K75256**

1. Corporation Name
Bloomx, Inc.

2. Principal Office Address
1450 NW 82 Ave

Suite, Apt. #, etc.

City & State
Miami, FL

Zip Country
33126 USA

3. Mailing Office Address
PO BOX 52-7862

Suite, Apt. #, etc.

City & State
Miami, FL

Zip Country
33152 USA

200023621822
10/07/03-01066-012-***150.00
REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida 3/24/1989

5. FEI Number
650123601

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
Vivian Rovirosa

Street Address (P.O. Box Number is Not Acceptable)
1450 NW 82 AVE

Suite, Apt. #, Etc.

City
Miami

State Zip Code
FL 33126

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

REGISTERED AGENT MUST SIGN

Date 9-29-03

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	Vivian P. Rovirosa	1450 NW 82 Ave	Miami, FL 33126
VP	Rene Rovirosa	1450 NW 82 ave	Miami, FL 33126

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)(l), 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:

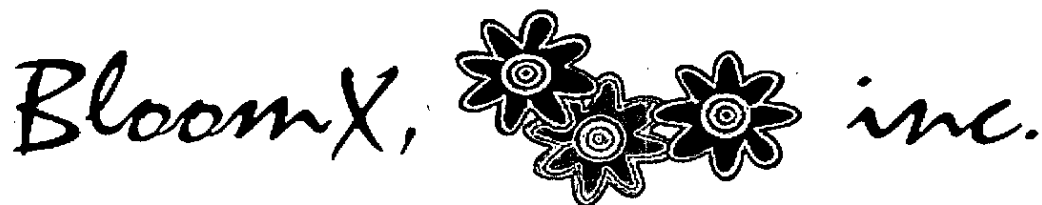
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-29-03

Date

Daytime Phone #

CR2E081 (10/02)



September 29, 2003

Florida Department of State, Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

To: Whom it may concern:

Please we are applying for our Corporation Reinstatement and with it our \$150.00 check. We never received our form renewal for 2003.

Thank you in advance for your prompt attention.

Sincerely yours,



Vivian Rovirosa
President