PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
15 JUL 23 PM 1:30

DOCUMENT # N06000006149

1. Corporation Name

BLUE PLACE CONDOMINIUM ASSOCIATION, INC.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
650 EUCLID AVENUE		2080 S OCEAN DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
#207		103	
City & State		City & State	
MIAMI BEACH, FL		HALLANDALE, FL	
Zip	Country	Zip	Country
31339	US	33009	US

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida
06/07/2006

5. FEI Number
26-4352458
☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED
NO
$9.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
PERSIA, VICTOR

Street Address (P.O. Box Number is Not Acceptable)
2080 S OCEAN DR

Suite, Apt. #, Etc.
103

City	State	Zip Code
HALLANDALE	FL	33009

900275584589
07/23/15--01032--004 **175.00

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 7/13/15

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
PD	PERSIA, VICTOR	2080 S OCEAN DR 103	HALLANDALE, FL 33009
TD	NAE, MOSES	18851 NE 29TH AVE 402	AVENTURA, FL 33180
		REINSTATEMENT 2015	
			AUG 17 2015
			SELLER

10. E-mail Address: victorpersia@gmail.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: _____ 7/13/15 786-285-1871
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #