

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **P00000022716**

1. Corporation Name

**BLUE GEM INVESTMENTS, INC.**

Principal Place of Business

2600 COLLINS AVENUE  
SUITE 506  
MIAMI FL 33140

Mailing Address

2600 COLLINS AVENUE  
SUITE 506  
MIAMI FL 33140

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

**4779 Collins Avenue**  
Suite, Apt. #, etc.  
**#1403**

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.  
**#1403**

City & State  
**Miami Beach, FL**

City & State

Zip Country  
**33140 U.S.A.**

4. Date Incorporated or Qualified  
To Do Business in Florida

**02/29/2000**

5. FEI Number

☒ Applied For  
☐ Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSD	MITROPOULOS, TAKIS	<del>2600 COLLINS AVENUE, #506</del> <b>4779 Collins Ave., #1403</b>	<del>MIAMI FL 33140</del> <b>Miami Beach, FL 33140</b>
VD	MITROPOULOS, JORGE	<del>2600 COLLINS AVENUE, #506</del> <b>4779 Collins Ave., #1403</b>	<del>MIAMI FL 33140</del> <b>Miami Beach, FL 33140</b>
TD	MITROPOULOS, MIMI	<del>2600 COLLINS AVENUE, #506</del> <b>4779 Collins Ave., #1403</b>	<del>MIAMI FL 33140</del> <b>Miami Beach, FL 33140</b>

8. Name and Address of Current Registered Agent

**PARLADE, ALBERTO J ESQ.**  
**7050 S.W. 86TH AVENUE**  
**MIAMI FL 33143**

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City State Zip Code  
**FL**

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

*[Signature]*  
**REGISTERED AGENT MUST SIGN**

Date **12/11/01**

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:

*[Signature]*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 DEC 14 PM 3:11



REINSTATEMENT

01

*Ph 12/21*

**300004741439--7**  
**12/27/01 01047-013**  
**\*\*\*758.75 \*\*\*758.75**

CR2E040 (8/01)