

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JUL 26 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000022716**

1. Corporation Name

BLUE GEM INVESTMENTS, INC.

2. Principal Office Address

4779 Collins Avenue

Suite, Apt. #, etc.

1403

City & State

Miami Beach, FL

Zip

33140

Country

U.S.A.

3. Mailing Office Address

4779 Collins Avenue

Suite, Apt. #, etc.

1403

City & State

Miami Beach, FL

Zip

33140

Country

U.S.A.

**4. Date Incorporated or Qualified
To Do Business in Florida**

02/29/2000

5. EEL Number

20-3050900

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-05

7. Name and Address of Current Registered Agent

Name

Aleco Halarambides, Esq.

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

3135 SW 3rd Avenue

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33129

300057870793

07/26/05--01003--007 **1351.00

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 06/02/05

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
P/S/D	Mitropoulos, Takis	4779 Collins Avenue #1403	Miami Beach, FL 33140
V/D	Mitropoulos, Jorge	4779 Collins Avenue #1403	Miami Beach, FL 33140
T/D	Mitropoulos, Mime	4779 Collins Avenue #1403	Miami Beach, FL 33140

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

6/24/05 305-323

Date

Daytime Phone #

4297

CR2E081 (01/05)