

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG -2 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P000000100518**

1. Corporation Name

Pacific Blue, Inc.

2. Principal Office Address

2750 NW 30th way

Suite, Apt. #, etc.

City & State

Lauderdale Lakes FL

Zip

33311

Country

USA

3. Mailing Office Address

2750 NW 30th way

Suite, Apt. #, etc.

City & State

Lauderdale Lakes FL

Zip

33311

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/28/98

5. FEI Number

65-0935268

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

Joshua Glickman

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

2750 NW 30th way

Suite, Apt. #, Etc.

City

Lauderdale Lakes

State

FL

Zip Code

33311

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

6/1/04

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	Joshua Glickman	2750 NW 30th way	Lauderdale Lakes FL 33311
VP	Shaul Ashkenazy	2750 NW 30th way	Lauderdale Lakes FL 33311

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

Joshua Glickman

Date

6/1/04

Daytime Phone #

954-737-7030

CR2E081 (01/04)