

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 MAR 21 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000010855

1. Corporation Name

BLADE ENTERTAINMENT
SERVICES CORP

2. Principal Office Address

10661 N. KENDALL DR.

Suite, Apt. #, etc.

204

City & State

MIAMI, FL

Zip

33176

Country

USA

3. Mailing Office Address

10661 N. KENDALL DR.

Suite, Apt. #, etc.

204

City & State

MIAMI FL

Zip

33176

Country

USA

200014451112

03/21/03--01063--009 **300.00

4. Date Incorporated or Qualified
To Do Business in Florida

01-29-2001

5. FEI Number

65-1071491

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

FRANCIS M. GUERRERO

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

10661 N. KENDALL DR. S. 204

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33176

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

Francis M. Guerrero

Date 3/17/03

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
DPT	Guerrero, Francis M.	10661 N. KENDALL DR. S. 204	MIAMI, FL 33176

02-03 UGR

TS

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:

Francis M. Guerrero

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/03 (305) 752-7338

Date

Daytime Phone #

paguero

BLADE ENTERTAINMENT SERVICES CORP.
10661 N.KENDALL DR. S.204
MIAMI, FL 33176
305-752-7338

March 7, 2003

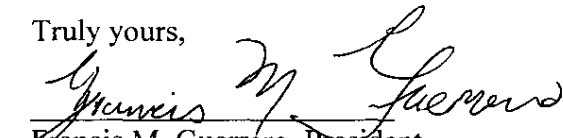
FL Department of State
P.O. Box 6327
Tallahassee FL 32314

Dear Sirs:

We are submitting the enclosed reinstatement report for the above company and a check for \$300 to cover the annual report fees for the year 2002 and 2003. We request the abatement of penalties for not filing the 2002 UBR, since we never received the original or second reports from your office. We believe that is due to our change of address since our initial incorporation during 2001. Please reinstate our corporation and abate any penalties.

Please call or write to the above for further information.

Truly yours,


Francis M. Guerrero, President