

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 27 AM 11:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000039368

1. Corporation Name

BLUE BAY SUPPLIES CORPORATION

Principal Place of Business

1356 BIARRITZ DRIVE  
MIAMI BEACH FL 33141

Mailing Address

1356 BIARRITZ DRIVE  
MIAMI BEACH FL 33141

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/18/2001

5. FEI Number

65-1105824

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	RODRIGUEZ, GLADYS	1356 BIARRITZ DRIVE	MIAMI BEACH FL 33141
D	RODRIGUEZ, ROBERTP	1356 BIARRITZ DR	MIAMI BEACH FL 33141

200024102472  
10/27/03--01021--005 \*\*150.00

8. Name and Address of Current Registered Agent

RODRIGUEZ, GLADYS  
1356 BIARRITZ DRIVE  
MIAMI BEACH FL 33141

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10-15-03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-15-03

Date

305 8645571

Daytime Phone #

CR2E040 (7/03)

**BLUE BAY SUPPLIES CORPORATION  
1356 BIARRITZ DRIVE  
MIAMI BEACH, FL. 33141-3636**

October 17, 2003

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL. 32314

Re: Blue Bay Supplies Corporation

I just received the attached notice. Under penalties of perjury, I expressly state that I have not previously received any notification of renewal or otherwise.

I also own 1336 Biarritz Drive which is adjacent. This property has been rented during the 2003 calendar year. There have been several occasions when my mail has been mistakenly delivered there

I request that I be allowed to reinstate my company at the regular annual fee which is enclosed.

Sincerely



Roberto Rodriguez  
Officer and Director