

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000052037

1. Corporation Name

BLUE STAR GROUP USA, INC.

Principal Place of Business

Mailing Address

3440 HOLLYWOOD BLVD SUITE 360
HOLLYWOOD FL 330213440 HOLLYWOOD BLVD SUITE 360
HOLLYWOOD FL 33021

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

2. New Principal Office Address, If Applicable

18851 NE 29TH AV

Suite, Apt. #, etc.

900

City & State

AVENTURA, FL

Zip

33180

Country

USA

3. New Mailing Office Address, If Applicable

18851 NE 29TH AV

Suite, Apt. #, etc.

900

City & State

AVENTURA, FL

Zip

33180

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/24/2001

5. FEI Number

63-1109386

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
DP	BALMACEDA, GUSTAVO	3440 HOLLYWOOD BLVD SUITE 360 18851 NE 29TH AVE, STE 900	HOLLYWOOD FL 33021 AVENTURA, FL 33180
VSTD	GALATRO, FERNANDO	3440 HOLLYWOOD BLVD SUITE 360 18851 NE 29TH AVE, STE 900	HOLLYWOOD FL 33021 AVENTURA, FL 33180

8. Name and Address of Current Registered Agent

ROTH, LEONARDO A ESQ

3440 HOLLYWOOD BLVD SUITE 360

HOLLYWOOD FL 33021

9. Name and Address of New Registered Agent

Name

LEONARDO A. ROTH ESQ

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

18851 NE 29TH AVE, SUITE 900

Suite, Apt. #, Etc.

900

City

AVENTURA

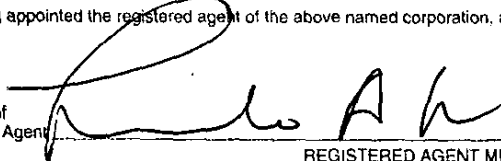
State

FL

Zip Code

33180

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

 Leonardo A Roth

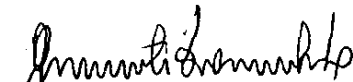
Date

10/30/03

REGISTERED AGENT MUST SIGN

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:


 - 0108-1732
GUSTAVO GALATRAZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/30/03

Daytime Phone #

786-279-0000

TOTAL P. 02

CR2040 (7/03)