

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 22 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000060204

1. Corporation Name

BLASON INTERNATIONAL TRADING CORPORATION

2. Principal Office Address

6300 N.W 84TH AVENUE

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33166

Country

3. Mailing Office Address

6300 NW 84TH AVENUE

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33166

Country

REINSTATEMENT 73-04

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

5. FEI Number
65-1129144

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

MANUEL JUNCO

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

6300 NW 84 AVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33166

200035785472
05/07/04 01005 015 **500.00

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 04/21/04

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/D	MANUEL R JUNCO	6300 NW 84 AVE	MIAMI FL 33166
V/D	MARIA ESTHER DE JUNCO	6300 NW 84 AVE	MIAMI FL 33166

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

Date

04/21/04.

Daytime Phone #

CR2E081 (01/04)