

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONSFILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT # P 01000073955

## 1. Corporation Name

BLIS MANAGEMENT, INC.

W03-31053

## 2. Principal Office Address

1 Indian Creek Island

Suite, Apt. #, etc.

## 3. Mailing Office Address

2101 Corporate Blvd.

Suite, Apt. #, etc.

Suite 107

## City &amp; State

Miami Beach, FL

## City &amp; State

Boca Raton, FL

## Zip

33154

## Country

US

## Zip

33431

## Country

US

REINSTATEMENT

02-03

4. Date Incorporated or Qualified  
To Do Business in Florida

07/26/2001

## 5. FEI Number

65-1125401

## Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$5.75 Additional Fee required  
for a Certificate of Status

## 7. Name and Address of Current Registered Agent

## Name

M &amp; W Agents, Inc.

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

2101 Corporate Blvd.

## Suite, Apt. #, Etc.

Ste. 107

## City

Boca Raton

## State

FL

## Zip Code

33431

## 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

DONALD R. TESCHER

REGISTERED AGENT MUST SIGN

Date

10/14/03

## 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	Irma Braman	1 Indian Creek Island	Miami Beach, FL 33154
S/T	Blossom Leibowitz	1039 Guisando de Avila	Tampa, FL 33613
VP	Linda Fenner	5030 Albion Way	Littleton, CO 80121

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: Irma Braman, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Irma Braman Oct 9, 03

m/30

# TESCHER GUTTER CHAVES JOSEPHER RUBIN RUFFIN & FORMAN, P.A.

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October 14, 2003

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

**Re: BLIS Management, Inc., and BLIS Investments, Ltd.**

Dear Sir or Madam:

Enclosed is a Corporation Reinstatement form for BLIS Management, Inc., and our check in the amount of \$300.00. Inasmuch as we did not receive the Annual Report, we would respectfully request that the penalties be waived.

We have also enclosed a Limited Partnership Reinstatement for BLIS Investments, Ltd., and a check in the amount of \$526.25, representing the annual fee due for this entity, and would also request that the penalties be waived. Please forward this form to the partnership division upon reinstatement of the corporation.

In searching your website, we see that a change of registered agent was submitted in March of 2002. Since the FEI listed is incorrect, we would suspect that the change in registered agent was incorrectly entered in your records. The information we have submitted on the enclosed forms is the current information for the captioned entities.

Sincerely,

  
DONALD R. TESCHER

DRT/dd

Enclosures