

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAR 31 AM 11:34

DOCUMENT # P01000092889

1. Corporation Name

Ink Farm Tattoos Corp.

2. Principal Office Address

13228 SW 8 Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33184

Country

USA

3. Mailing Office Address

13228 SW 8 Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33184

Country

USA

**REINSTATEMENT**

CR2E081 (12/05)

02-06

4. Date Incorporated or Qualified  
To Do Business in Florida

9/21/2001

5. FEI Number

65-1153957

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

Belkys Chang-Blandon

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

15811 SW 139 Court.

Suite, Apt. #, Etc.

City

Miami,

State  
FL

Zip Code

33177

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

*Belkys Chang-Blandon*

REGISTERED AGENT MUST SIGN

Date *3/23/06*

**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
President	Belkys Chang-Blandon	15811 SW 139 Ct.	Miami, FL 33177

600069643106  
04/06/06--01049--018 \*\*1358.75

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 contained in Chapter 119, 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:

*Belkys Chang-Blandon* Belkys Chang-Blandon 3/23/06 786-423-6772

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/4 20