

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JAN 30 PM 4:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000095903

1. Corporation Name

BLUEPRINT INVESTMENT GROUP INC.

2002-2003  
UBR

Principal Place of Business

P.O. BOX 681655  
MIAMI FL 33168

Mailing Address

P.O. BOX 681655  
MIAMI FL 33168



02-03

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

10/01/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

043696872

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
DPTS	PROPHETE, KEVIN	1117 NW 145 TERR	MIAMI FL 33168

300011410813  
01/23/03--01/09/03 \$4300.00

8. Name and Address of Current Registered Agent

PROPHETE, KEVIN  
1117 NW 145 TER  
MIAMI FL 33168

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

*Kevin Propete*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

1/24/03

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:

*Kevin Propete*  
**SIGNATURE REQUIRED KEVIN PROPHETE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 528-8258

CR2E040 (8/02)

2012

To Whom It May Concern:

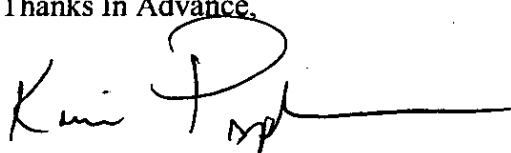
This notice is to inform you that I (Kevin Prophete), on the behalf of Blueprint Investment Group did not receive the two prior uniform business report notices.

Enclosed are the following:

- Filing Fee \$ 150.00 – 2002
- Filing Fee \$ 150. 00 – 2003

Total: 300.00

Thanks In Advance.

A handwritten signature in black ink, appearing to read "Kevin Prophete". The signature is written in a cursive style with a large, looped initial "K".

Kevin Prophete