

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 19 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P01000116817

1. Corporation Name

BLUE TEK, INC.,

2. Principal Office Address

1051 SO. PARK ROAD APT. 204

Suite, Apt. #, etc.

3. Mailing Office Address

3218 STIRLING ROAD

Suite, Apt. #, etc.

SAME

City & State

HOLLYWOOD, FL

City & State

HOLLYWOOD, FL

Zip

Country

33021

USA

Zip

Country

33021

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/10/2001

5. FEI Number

60-0001697

Applied for

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

14.75 Additional Fee required
for Certificate of Status

7. Name and Address of Current Registered Agent

Name

COEN, PAOLO

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

1051 SO. PARK ROAD 204

Suite, Apt. #, Etc.

City

HOLLYWOOD, FL

State

FL

Zip Code

33021

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

REGISTERED AGENT MUST SIGN

Date

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 / Street / Zip
DPST	COEN, PAOLO	1051 SO. PARK ROAD, APT 204	HOLLYWOOD, FL 33021
CEO	COEN, PAOLO	1051 SO. PARK ROAD, APT 204	HOLLYWOOD, FL 33021

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)(j), 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

11/11/2002

Date

(954) 558-3339

Daytime Phone #

2 11/21

AICPA MEMBER

NHSCPA MEMBER

ALAN N. RAZLA, PA.

(954) 983 - 9394 Tel
(954) 983 - 6799 Fax

E-mail: wwwcpa@netzero.net

Florida Office:

ALAN N. RAZLA, PA
3218 Stirling Road
Hollywood, Florida
33021

NH Office

ALAN N. RAZLA, CPA
Certified Public Accountant
26 South Main St. Suite 521
Concord, NH 03301

B"H

November 11, 2002

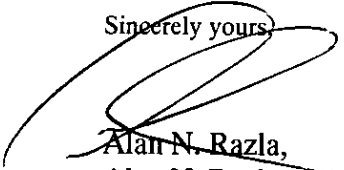
RE: Blue Tek Inc.,
P01000116817

Dear Sir or Madam:

Enclosed is a completed Corporation Reinstatement Form for the above Company. Please be advised that neither our office, or our client's office, or the registered agents office received the pre-printed annual report in the mail for 2002. In fact this report was prepared by our office on behalf of the client from information derived from the internet site. Our client was notified by their bank that their Company is "Not Active". They immediately contacted our office to prepare the following.

We ask that you please accept this application and waive the late penalty. I thank you in advance. Enclosed is the annual fee for the above years of \$150.

Sincerely yours)


Alan N. Razla,
Alan N. Razla, PA

anr:dn
Enclosure: