

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000017205

1. Entity Name
BLUE WORLD CORP.



APPROVAL
AND
FILED

05 MAY 23 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2150 SOUTHWEST 17TH ST.
SUITE 16
FORT LAUDERDALE, FL 33316

Mailing Address
2150 SOUTHWEST 17TH ST.
SUITE 16
FORT LAUDERDALE, FL 33316

2. Principal Place of Business
800 Corporate Drive
Suite, Apt. #, etc.
Suite 310
City & State
Fort Lauderdale, Florida
Zip
33334
Country
U.S.A.

3. Mailing Address
800 Corporate Drive
Suite, Apt. #, etc.
Suite 310
City & State
Fort Lauderdale, Florida
Zip
33334
Country
U.S.A.



01272005 REIN-P CR2E098 (6/04)

04-05

4. FEI Number
04-3655195
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
RUSSELL, PATRICK ESQ
201 WEST FLAGLER STREET
MIAMI, FL 33130

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD LEVI, AVI 2150 SOUTHWEST 17TH STREET #16 FORT LAUDERDALE, FL 33316	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800 Corporate Drive, Suite 310 Fort Lauderdale, Florida 33334	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS LEVI, MORIS 2150 SOUTHWEST 17TH STREET #16 FORT LAUDERDALE, FL 33316	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800 Corporate Drive, Suite 310 Fort Lauderdale, Florida 33334	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500055854975 06/07/05--01049--003 **300.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 5-1-05 240-4123314
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone