

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000032286

1. Corporation Name

Bluefire Investments Inc.

FILED
04 FEB -9 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-24

700028414047
02/09/04--01055--028 **150.00

4/16/03 90115 043 150.00

2. Principal Office Address

1309 E Base St

Suite, Apt. #, etc.

3. Mailing Office Address

P.O.Box 548

Suite, Apt. #, etc.

City & State

Madison, FL

City & State

Lee

Zip

32340

Country

Zip

32059

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

3/25/2002

5. FEI Number

04-3674182

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

James S Holben

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

1309 E Base St

Suite, Apt. #, Etc.

City

Madison

State
FL

Zip Code
32340

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

Date 1/15/2004

REGISTERED AGENT MUST SIGN

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	James S Holben	1309 E Base St	Madison, FL 32340
M	Shannon Holben	1841 Hollenbeck Dr.	Orlando, FL 32806

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:

James S Holben

1/15/2004 850-973-4966

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

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Reinstatement Form for Bluefire Investments Inc.

Document Number
P02000032286

From our phone call this corporation was put in the inactive because it of a mailing address error on the part of the division of corporation on 4/21/03. I am sending this form and 150.00 for 2004 Annual Report. Thank you for prompt attention to this matter.

**James S Holben
President
BlueFire Investments Inc.
850-973-4966**

