

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 DEC -9 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000039949

1. Corporation Name

Bluemoon Systems Business Systems, INC.

9333 SW 168 Street

~~9333 SW 168 Street~~

2. Principal Office Address

9333 SW 168 Street

3. Mailing Office Address

9333 SW 168 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33157

Country

USA

Zip

33157

Country

USA

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

5. FEI Number

☒ 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

RUTH LIVERPOOL

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

4974 N. UNIVERSITY DR.

Suite, Apt. #, Etc.

City

LAUDERHILL

State

FL

Zip Code

33351

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

Ruth Liverpool

Date 3/30/2004

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	RAJKUMAR SOOGRIM	9333 SW 168 STREET	MIAMI, FL, 333157

600042930926
11/22/04--01065--024 **300.00

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:

Rajkumar Soogrim

3/30/2004

954-746-5011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2001 (01/04)



September 04, 2004

*Divisions of Corporations
Department Of State
P.O Box 6327
Tallahassee, FL 32314*

*Re: Blue moon Business Systems, Inc.
Doc #: P02000039949*

To Whom It May Concern:

We received a notice stating that the above corporation blue moon Business Systems, Inc was dissolved. Please note that our client has never received the renewal form for the above corporation and that they had no wisdom on how to go about in the renewing of there corporation.

We are kindly asking that you may take this into consideration and waive all penalty and late fees. Enclosed you will find the reinstatement form and a check in the amount of \$ 300.00. We thank you for your understanding and prompt attention on this matter.

Respectfully,

A handwritten signature in dark ink, appearing to read "Colleen Pope", is written over a horizontal line.

*Colleen Pope
Accounting Associate*