

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000060481

1. Entity Name
BLUE SPHERE INFORMATION TECHNOLOGY, INC.



Principal Place of Business
7806 SW 102 LANE
MIAMI, FL 33156

Mailing Address
7806 SW 102 LANE
MIAMI, FL 33156

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

43-1963265

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VELAZQUEZ, DAVID RAY
7806 SW 102 LANE
MIAMI, FL 33156

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

DAVID RAY VELAZQUEZ

(NOTE: Registered Agent signature required when reinstating)

DATE

10-26-04

FILE NOW!!! FEE IS \$150.00

After January 1, 2005, Fee will be \$300.00

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME VELAZQUEZ, DAVID RAY
STREET ADDRESS 7806 SW 102 LANE
CITY-ST-ZIP MIAMI, FL 33156

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

DAVID RAY VELAZQUEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-26-04 305-5462600

FILED

04 OCT 29 PM 5:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

10262004

REIN-P

CR2E098 (6/04)

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