


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000119615		
1. Entity Name BLUESTAR7 CONSULTING, INC.		

Principal Place of Business 650 LADY LAKE RD W JACKSONVILLE, FL 32218	Mailing Address 650 LADY LAKE RD W JACKSONVILLE, FL 32218
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent FREEMAN, LYNN C 650 LADY LAKE RD W JACKSONVILLE, FL 32218	
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FILED
05 MAR 17 PM 12:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-05

4. FEI Number 75-3087238	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent	
Name LYNN C FREEMAN	
Street Address (P.O. Box Number is Not Acceptable) 650 LADY LAKE RD	
City JACKSONVILLE	FL 32218

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 <i>Lynn C Freeman</i>	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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FREEMAN, LYNN C 650 LADY LAKE RD JACKSONVILLE, FL 32218 <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	500049167015 <input type="checkbox"/> Change <input type="checkbox"/> Addition 03/25/05--01003--006 ***300.00
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: <i>Lynn C Freeman</i>	3/15/05 904-757-8344