

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JAN 16 AM 10:52

DOCUMENT # P02000129672

1. Corporation Name

BLMAS PROPERTIES INC.

2. Principal Office Address

930 NW 119 AVENUE

Suite, Apt. #, etc.

City & State

Coral Springs FL

Zip

33071

Country

BROWARD

3. Mailing Office Address

"Same"

Suite, Apt. #, etc.

City & State

"Same"

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/10/02

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

Spiegel & Utrera, PA

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

1840 SW 22 Street, 4<sup>th</sup> Floor

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33145

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

[Signature]  
REGISTERED AGENT MUST SIGN

see transmittal

Date 1/8/04

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
<u>PTS</u>	<u>BARRY SKOLOFF</u>	<u>930 NW 119 AVE</u>	<u>Coral Springs, FL</u> <u>33071</u>

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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:

SIGNATURE AND FULL OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]  
Barry Skoloff

Date

1/8/04

Daytime Phone #

954-648-2242

CR2E081 (10/02)

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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: BLMAS Properties INC.  
2. The principal office address: 930 NW 119 Ave, Coral Springs FL 33071  
3. The mailing address (if different): Also same.

4. Date of incorporation/qualification: 12/10/02 Document number: P02000129676

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:  
Spiegel & Utrera, PA  
1840 SW 22 Street, 4th Floor  
Miami, FL 33145

6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):  
Barry Sokoloff  
930 NW 119 Avenue  
(P.O. Box or personal mailbox NOT acceptable)  
Coral Springs, FL 33075

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature] (Signature of an officer or director) Barry Sokoloff Pres. (Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature] (Signature of Registered Agent) 1/8/04 (Date)

If signing on behalf of an entity:  
Barry Sokoloff (Typed or Printed Name) on behalf of BLMAS Properties INC (Capacity)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314