## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE

Glenda E. Hood 🧎 🤼

--- Secretary of State

DIVISION OF CORPORATIONS

1. Corporation Name

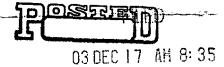
## BLUE A CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

7620 COQUINA DRIVE

7620 COQUINA DRIVE NORTH BAY VILLAGE FL 33141



SECREVARY OF STATE VALLAMASSEE, FLORIDA

Daytime Phone #



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					DEINIS	الأصلال المالية	VI 03	
If above addresses are incorrect in any way, line through incorrect information and enter correction to 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable					PENA	<u> </u>		
2. New Principal Office Address, If Applicable 3. New Mailing Office 5.50 Brick 1. Away 5.50 Brick				Alion Le		orated or Qualified ness in Florida	40/40/0000	
Suite Ant		Suiter Apt. #	, etc.	,			12/13/2002	
# 400						5. FEI Number Applied For		
City a stat	ami Florida	City & State	m: F	Lorida	6.		Not Applicable	
Zip 3	S131 Country	Zip 331	31	Country		E OF STATUS DESIRED	\$8.75 'Additional Fee required for a Certificate of Status	
7. Names	and Street Addresses of Each Officer a	and/or Director (Flo	orida nonprof	it corporations must list at	least 3 directors)			
Title(s)	Name of Officers			Street Address of Ea		City	/ State / Zip	
1	2 and/or Directors-	3 Officer and/or Director			4			
VD	MURPHY, PAUL			Quina drive		NORTH BAY VILLAGE FL 33141		
PD ARMSTRON, H.			1700 SEAPORT BLVD., 4TH FLOOR			REDWOOD CITY CA 94063		
<u></u> ,							940	
			11726/0301007001 ***150.00			1 ** 150.00		
	8. Name and Address of Curre	ent Registered Ag	ent	-	9. Name and	Address of New Registe	red Agent —	
				Name				
KHAN, JACK				Street Address	Street Address (P.O. Box Number is Not Acceptable)			
955 MORNING SIDE DRIVE								
MIAMI SPRINGS FL 33166				Suite, Apt. #, E	Suite, Apt. #, Etc.			
				City	City State Zip Code			
10. I, being	g appointed the registered agent of the	above named corp	oration, am fa	amiliar with and accept the	obligations of Sect	ion 607.0505, F.S. or 617	.0505, F.S.	
				·	-			
						,	1 1	
Signature o	of San			∀) √ €		. 101	21/03	
Registered	Agent	REGISTERED AC	SENT MUST	SIGN		Date		
this rein	Athat I am an officer or director or the re- nstatement application, the reason for d by the corporation have been paid and t application is true and accurate, and m	issolution has beer he names of individ	n eliminated, dyals listed o	the corporate name satisfic n this form do not qualify fo	es the requirements or an exemption un	of section 607.0401 or 6 der section 119.07(3)(i), F	7.0401, F.S., that all fees S. The information indicated	
	/	_(_>/	$\nearrow$		•	56	5-416-7484 1-301-0033.	