

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000131171

1. Corporation Name

BLUE A CONDOMINIUM, INC.

Principal Place of Business

7620 COQUINA DRIVE
NORTH BAY VILLAGE FL 33141

Mailing Address

7620 COQUINA DRIVE
NORTH BAY VILLAGE FL 33141

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

550 Brickell Avenue

Suite, Apt. #, etc.
#400

City & State
Miami Florida

Zip Country
33131 USA

3. New Mailing Office Address, If Applicable

550 Brickell Avenue

Suite, Apt. #, etc.
#400

City & State
Miami Florida

Zip Country
33131 USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/13/2002

5. FEI Number

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
VD	MURPHY, PAUL	7620 COQUINA DRIVE	NORTH BAY VILLAGE FL 33141
PD	ARMSTRON, H.	1700 SEAPORT BLVD., 4TH FLOOR	REDWOOD CITY CA 94063

000024379940
11/03/03--01062--006 **500.00

000024379940
11/25/03--01007--001 **150.00

8. Name and Address of Current Registered Agent

KHAN, JACK
955 MORNING SIDE DRIVE
MIAMI SPRINGS FL 33166

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/21/03

11. 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-416-7484
561-301-0033

12-11-03

002040 (7/03)