

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 JUN 11 AM 8:19

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000005809

1. Corporation Name

BLUE DIMENSIONS, INC.

2. Principal Office Address - No P.O. Box #  
2615 ANDERSON RD.

3. Mailing Office Address  
2615 ANDERSON RD.

Suite, Apt. #, etc.

SUITE 2

Suite, Apt. #, etc.

2<sup>ND</sup> FLOOR

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL.

Zip

33134

Country

USA

Zip

33134

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

01/21/03

5. FEI Number

02-0665170

☒ 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

CARLOS ARIEL CASALI

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

2615 ANDERSON RD.

Suite, Apt. #, Etc.

SUITE 2

City

CORAL GABLES

State

FL

Zip Code

33134

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 06/07/2007

**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
P	CARLOS ARIEL CASALI	2615 ANDERSON RD #2 CORAL GABLES, FL 33134	CORAL GABLES, FL - 33134

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 contained in Chapter 119, 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

06/07/2007 5612624750

Date

Daytime Phone #