

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 MAY 17 PM 3 09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000022884

1. Corporation Name

**BLUEFISH INVESTMENTS INC.**

**REINSTATEMENT 08-10**

400180986874  
05/17/10--01056--023 \*\*450.00  
CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #

7137 Sienna Ridge Lane

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lauderhill, FL

City & State

Zip

33319

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/26/2003

5. FEI Number

65-1185188

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

Tamara Malzyner

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

7137 Sienna Ridge Lane

Suite, Apt. #, Etc.

City

Lauderhill

State

FL

Zip Code

33319

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

*Tamara Malzyner*

REGISTERED AGENT MUST SIGN

Date **March 26, 2010**

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
DP	Artur Malzyner	7137 Sienna Ridge Lane	Lauderhill, FL 33319
DTVP	Monique Sarah Levy Malzyner	7137 Sienna Ridge Lane	Lauderhill, FL 33319
DS	Tamara Malzyner	7137 Sienna Ridge Lane	Lauderhill, FL 33319
DT	Gabriela Malzyner	7137 Sienna Ridge Lane	Lauderhill, FL 33319

*20.5/18*

10. E-mail Address: teri@miami-int-law.com / RODALFL@gmail.com

(To be used for future annual report notification)

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. I further certify 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:

*Artur Malzyner*

Artur Malzyner

March 26th 2010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #