

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000034781

1. Corporation Name

BLUE LAKE VILLAGE Apartments Inc

2. Principal Office Address

8951 N.E 8 TH AVE

Suite, Apt. #, etc.

119

City & State

MIAMI FLORIDA

Zip

33138

Country

DADE

3. Mailing Office Address

8951 N.E 8 TH AVE

Suite, Apt. #, etc.

119

City & State

MIAMI FLORIDA

Zip

33138

Country

DADE

FILED

06 MAY 12 AM 11: 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800075286588

05/25/06--01044--009 **1050.00

FET No.
510456339
CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

05/21/1999

5. FEI Number

650923670

Applied For

Not Applicable

6. 510456339

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

YERO FIDEL

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

8951 N.E 8 TH AVE

Suite, Apt. #, Etc.

119

City

MIAMI

State

FL

Zip Code

33138

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 02/08/2006

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	YERO ALAN	8951 N.E 8 TH AVE	MIAMI FLORIDA 33138
V	YERO FIDEL	8951 N.E 8 TH AVE	MIAMI FLORIDA 33138

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:

FIDEL YERO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-17-06

Daytime Phone #

7864020672