

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC 29 PM 4:57

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000079921

1. Corporation Name

THE BLUE RIBBON GROUP, INCORPORATED

600164031436
12/29/09--01033--013 **1508.75

REINSTATEMENT

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

933 Beville Road

Suite, Apt. #, etc.

Suite 103L

City & State

South Daytona, FL

Zip

32119

Country

Volusia

3. Mailing Office Address

933 Beville Road

Suite, Apt. #, etc.

Suite 103L

City & State

South Daytona, FL

Zip

32119

Country

Volusia

4. Date Incorporated or Qualified

To Do Business in Florida **07/18/2003**

5. FEI Number

20-0202743

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

Maurice Bushroe

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

933 Beville Road

Suite, Apt. #, Etc

Suite 103L

City

South Daytona,

State

FL

Zip Code

32119

☐ 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

Maurice Bushroe

Date

12/24/2009

REGISTERED AGENT MUST SIGN

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/D	Maurice Bushroe	933 Beville Road	S. Daytona, FL 32119

10. E-mail Address: **MBushroe@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:

Maurice Bushroe

Maurice Bushroe / President

12/24/09

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

386-366-9600