


2004

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION 		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 04 JUL 30 PM 2:52 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P03000090223					
1. Corporation Name Bluemills, Inc.					
473 Golden Isles Drive 5975 W. Sundrise Boulevard					
2. Principal Office Address 473 Golden Isles Drive		3. Mailing Office Address 5975 W. Sundrise Boulevard			
Suite, Apt. #, etc. 402		Suite, Apt. #, etc. 216			
City & State Hallandale, Florida		City & State Sunrise, Florida			
Zip 33009	Country USA	Zip 33313	Country USA	4. Date Incorporated or Qualified To Do Business in Florida August 14, 2003	
5. FEI Number 20-0183156				Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Pinchas Dagan					
Street Address (P.O. Box Number is Not Acceptable) 473 golden Isles Drive					
Suite, Apt. #, Etc. 402					
City Hallandale				State FL	Zip Code 33009
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 July 2, 2004	
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		
preside	Pinchas Dagan	473 Golden Isles Drive #402	Hallandale, Fl. 33009		
Secreta	Rose Tenenbaum	473 Golden Isles Drive #402	Hallandale, Fl. 33009		
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 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:		Pinchas Dagan		July 2, 2004	954 455 8099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

CR2E081 (01/04)