

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2008 FEB -6 AM 8:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P03000142224**

1. Corporation Name

**Blueprint Industrial Contractors, INC.**

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

**2510 SW 27th Lane**

Suite, Apt. #, etc.

3. Mailing Office Address

**2510 SW 27th Lane**

Suite, Apt. #, etc.

City & State

**MIAMI, FL**

City & State

**MIAMI, FL**

Zip

**33133**

Country

**U.S.A.**

Zip

**33133**

Country

**USA**

100117251071

02/06/08--01014--016 \*\*1208.75

**REINSTATEMENT**

**05-08**

4. Date Incorporated or Qualified  
To Do Business in Florida

**12/01/2003**

5. FEI Number

**20-1160258**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

☐ 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.

**7. Name and Address of Current Registered Agent**

Name

**LeVerria Beltin**

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

**2510 SW 27th Lane**

Suite, Apt. #, Etc.

City

**MIAMI**

State

**FL**

Zip Code

**33133**

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

**LeVerria Beltin**

Date

**1/28/07**

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
Pres.	LeVerria Beltin	2510 SW 27th Lane	MIAMI, FL. 33133
Secy	Johnny Sweidan	4000 SW 109 Avenue.	DADE, FL. 33328

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:

**John Beltin**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**1/28/07**

Daytime Phone #