

Reinstatement Form FOR PROFIT CORPORATION

10f2

DOCUMENT # **P03000L49549**

1. Entity Name
Blue Star limited Inc



FILED

06 JUL 17 PM 3:01

STATE
FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

58 Folcroft Lane

3. Mailing Address

1515 Ridgewood Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Coast FL

City & State

Holly Hill FL

Zip

32137 Flagler

Zip

32117

Country

REINSTATEMENT

04-06

4. FEI Number

20-0462800

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name

Joe Loquidice

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

1515 Ridgewood Ave

City

Holly Hill

FL

Zip Code **32117**

I, The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent, and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Take Check Payable to Florida Department of State

5000770671655

07/26/06--01005--019

**450.00

9. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

0. OFFICERS AND DIRECTORS

TITLE	P	Sherry mis Rock
NAME		58 Folcroft Lane
STREET ADDRESS		Palm Coast FL 32137
CITY-STATE-ZIP		
TITLE	VP	Harold mis Rock
NAME		58 Folcroft Lane
STREET ADDRESS		Palm Coast FL 32137
CITY-STATE-ZIP		
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NAME		
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IN THIS SPACE

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Harold Mis Rock

06/06/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2 of 2

Florida Department of State
Attn: (UBR 2006)
P O Box 6327
Tallahassee, FL 32314-6327

June 6, 2006

Dear Sir or Madam:

As per our conversation 06/28/06 with your office, this letter is to inform your office that

We never received report for the 2004 uniform business report. We sent in a letter changing our

mailing address when the office moved. Our office spoke with a

supervisor this person advised me to let your office know of the correct address.

Your office also said all penalty fees would be waved due to the problems our company had with the mailing address.


Furthermore, we got a letter saying the late fee was not waved; the Division of Corporations advised me to send this letter and all late fees would be waved as on the Internet filing just mark the

box saying the original form was never received and we never did get form

Please make the Correct changes to my records and file my corporation UBR from for 2006.

Thank you for your time in concerning this matter.

Sincerely,


Blue Star Limited Inc
58 Folcroft Lane
Palm coast FL 32137