

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000065991

FILED
Feb 09, 2007
Secretary of State

Entity Name: BLUE RUNNER OF FLORIDA, INC.

Current Principal Place of Business:

C/O MOORE & COMPANY
355 ALHAMBRA CIRCLE STE 1001
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

355 ALHAMBRA CIRCLE
STE 1001
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MOORE & COMPANY, P.A.
355 ALHAMBRA CIR
STE 1100
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: GAIL WASSERMAN, ATTORNEY-IN-FACT

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MORRISON, WILLIAM L
Address: 315 SALANO PRADO
City-St-Zip: CORAL GABLES, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MORRISON, WILLIAM L
Address: 315 SOLANO PRADO
City-St-Zip: CORAL GABLES, FL 33156

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM MORRISON

D

02/09/2007

Electronic Signature of Signing Officer or Director

Date