

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 NOV 21 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000100841

1. Corporation Name

BLUE /SILVER MANAGEMENT, INC.

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

2557 S.W. 82nd AVENUE

3. Mailing Office Address

2557 S.W. 82nd AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIRAMAR, FLORIDA

City & State

MIRAMAR, FLORIDA

Zip
33025

Country
US

Zip
33025

Country
US

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number
75-3163285

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
RICKY NELSON

Street Address (P.O. Box Number is Not Acceptable)
2557 S.W. 82nd AVENUE

Suite, Apt. #, Etc.

City
MIRAMAR

State
FL

Zip Code
33025

☒ 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

REGISTERED AGENT MUST SIGN

Date **11-20-07**

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
VPD	RICKY NELSON	2557 S.W. 82nd AVENUE	MIRAMAR, FL 33025
PD	LAHOMA NELSON	2557 S.W. 82nd AVENUE	MIRAMAR, FL 33025
TD	JUAN LEE	12865 S.W. 30th ST.	MIRAMAR, FL 33027

REINSTATEMENT

06-07

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-20-07

Date

954-274-3733

Daytime Phone #

Charter Number Only

VALIDATION ONLY

RECEIVED
07 NOV 21 AM 10:30
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

11/20/07 William

Tools for change

Requestor's Name

5800 NW 7th Ave #212

Address

Miami FL 33127

City

State

ZIP

Phone

(305) 751-8934

CORPORATION(S) NAME

Blue / Silver Management, Inc

☐ Profit

☐ NonProfit

☐ Amendment

☐ Merger

☐ Foreign

☐ Dissolution

☐ Mark

☐ Limited Partnership

☐ Annual Report

☒ Other

☒ Reinstatement

☐ Reservation

☐ Change of Registered Agent

☐ Certified Copy

☐ Photo Copies

☐ Certificate Under Seal

☐ Call When Ready

☐ Call If Problem

☐ After 4:30

☒ Walk In

☐ Will Wait

☒ Pick Up

☐ Mail Out

Name

Availability

Document

Examiner

Updater

Verifier

Acknowledgment

W.P. Verifier



Empire Toll Free: 1-800-432-3028