2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000079708

1. Entity Name
BLUE STAR APPRAISALS INC.

FILED
06 OCT 25 PM 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
8500 SW 8TH ST., STE. 244
MIAMI, FL 33144

Mailing Address
8500 SW 8TH ST., STE. 244
MIAMI, FL 33144

10202006 REIN-P CR2E098 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc	Suite, Apt #, etc
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-2951052 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SEBASTIA, ROBERTO JR.
8500 SW 8TH ST., STE. 244
MIAMI, FL 33144

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
REINSTATEMENT
City FL Zip Code

8. 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] ROBERTO SEBASTIA JR. 10-18-2006
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Date

FILE NOW!!! FEE IS $750.00
After January 1, 2007, Fee will be $900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	P SEBASTIA, ROBERTO JR. 8500 SW 8TH ST., STE. 244 MIAMI, FL 33144 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition 700081178587 10/25/06--01009--025 **758.75
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] ROBERTO SEBASTIA JR. 10-18-2006 (305)220-5906
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

x 10/27