

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000135670

1. Corporation Name

BLUE LASER, INC.

2. Principal Office Address - No P.O. Box #
200 LESLIE DR UNIT 404

Suite, Apt. #, etc.

City & State
HALLANDALE BEACH FL

Zip Country
33009 USA

3. Mailing Office Address
200 LESLIE DR UNIT 404

Suite, Apt. #, etc.

City & State
HALLANDALE BEACH FL

Zip Country
33009

REINSTATEMENT 07-08
CR2E081 (10/08)

4. Date Incorporated or Qualified
To Do Business in Florida 10/04/2005

5. FEI Number
20-3724720

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
OSVALDO J. DIAZ

Street Address (P.O. Box Number is Not Acceptable)
7951 SW 40 ST

Suite, Apt. #, Etc.
SUITE 206

City State Zip Code
MIAMI FL 33155

☒ 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

[Signature]

Date 09-07-08

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
DPVS	PEDRO F. VEGA	200 LESLIE DR UNIT 404	HALLANDALE BCH FL 33009
T	PEDRO F. VEGA	200 LESLIE DR UNIT 404	HALLANDALE BCH FL 33009

700136781837
10/09/08--01046--009 **300.00

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:

Pedro Vega

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-07-08

Date

Daytime Phone #