

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 MAY 25 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000 136319

1. Corporation Name

Blue Chains Inc

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

148 NW 37th st.

Suite, Apt. #, etc.

City & State

MIAMI

Zip

FL

Country

33127

3. Mailing Office Address

421 Grand Concourse

Suite, Apt. #, etc.

UNIT 10

City & State

MIAMI SHORES

Zip

FL

Country

33138

REINSTATEMENT 09-11

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

10/05/2005

5. FEI Number

203505807

☐ 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

JUAN AZUL CADENAS

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

421 GRAND CONCOURSE

Suite, Apt. #, Etc.

UNIT # 10

City

MIAMI SHORES

State

FL

Zip Code

33138

000208119070
05/25/11-01002--002 **300.00

4/28/11 01045 019 758.00

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 MAY 15, 2011

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
PD	JUAN AZUL CADENAS	421 GRAND CONCOURSE # 10	MIAMI SHORES FL 33138

10. E-mail Address: azul@bluechains.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MAY 15, 2011 305 725 1906