

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 FEB -3 AM 8:27

DOCUMENT # P06000055998

1. Corporation Name

Bluefield Chemicals, Inc

400167915074

02/03/10--01033--021 **600.00
CR2E081 (11/09)

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

3900 NW 79th Ave

Suite, Apt. #, etc.

571

City & State

Miami, FL

Zip

33166

Country

US

3. Mailing Office Address

3900 NW 79th Ave

Suite, Apt. #, etc.

571

City & State

Miami, FL

Zip

33166

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

04/20/2006

5. FEI Number

20-4727392

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

Victor Osejo

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

160 SW 117 Ter.

Suite, Apt. #, Etc.

207

City

Pembroke Pines

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

Date 02/01/2010

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
P	Victor Osejo	160 SW 117 Ter #207	Pembroke Pines, FL 33025
VP	Walther Osejo	4730 Plum Forest Rd	Houston, TX 77084

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B. 2/8/10

10. E-mail Address: jcosejo@bluefieldchem.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., 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.

SIGNATURE:

Walther A Osejo

02/01/2010 281-550-6529

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #