

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR 12 AM 7:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000088032

1. Corporation Name

BLOHM + VOSS, INC.

2. Principal Office Address - No P.O. Box #
2355 SALZEDO STREET

Suite, Apt. #, etc.

311

City & State

CORAL GABLES, FL

Zip

33134

Country

USA

3. Mailing Office Address
SAME

Suite, Apt. #, etc.

City & State

Zip

Country

200172012272
03/12/10--01028--002 **\$600.00
CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida 06/29/2006

5. FEI Number
20-5134269

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

JAN TROLLERUD

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

11407 S.W. 110 LANE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33176

☒ 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 X

Date 02/18/2009

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
PD	JAN TROLLERUD	11407 S.W. 110 LANE	MIAMI, FL 33176

REINSTATEMENT

RH

10. E-mail Address: RELLZEY@BRAAE.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: X

JAN TROLLERUD

02/18/2009 305-442-7797

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #