

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO6000088629

1. Corporation Name

BlueCoast Logistics Corp.

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

18221 SW 144 Ct.

Suite, Apt. #, etc.

City & State

Miami, FL 33177

Zip

Country

3. Mailing Office Address

18221 SW 144 Ct.

Suite, Apt. #, etc.

City & State

Miami, FL 33177

Zip

Country

7. Name and Address of Current Registered Agent

Name

Juliet Castillo

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

18221 SW 144 Ct.

Suite, Apt. #, Etc.

Miami, FL 33177

City

miami

State

FL

Zip Code

33177

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

Juliet Castillo
REGISTERED AGENT MUST SIGN

Date 12/02/08

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
<u>Pres.</u>	<u>Juliet Castillo</u>	<u>1220 SW 73 Place</u>	<u>Miami, FL 33144</u>
<u>(P/S/D/C/M)</u>			

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:

Juliet Castillo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/02/08 (786) 222-3361

Date

Daytime Phone #

FILED

08 DEC -5 AM 8:42

7001385149103
12/05/08--01038--003 **300.00

REINSTATEMENT 07-08

CR2E081 (10/08)

4. Date Incorporated or Qualified
To Do Business in Florida

6/30/2006

5. FEI Number

20-5201976

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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.