

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

18 APR 24 AM 10:19

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # P15000033293

1. Corporation Name

Blue Rock Ventures, Inc.

700312526807
04/24/18--01032--013 **1000.00

700312526807
04/24/18--01032--014 **50.00
CR2E081 (11/10)

| | | | |
|--|----------------|--|----------------|
| 2. Principal Office Address - No P.O. Box # 8369 NW 66 St | | 3. Mailing Office Address 8369 NW 66 St | |
| Suite, Apt. #, etc. #A3000 | | Suite, Apt. #, etc. #A3000 | |
| City & State Miami, FL | | City & State Miami, FL | |
| Zip 33166 | Country USA | Zip 33166 | Country USA |

| | |
|---|---|
| 4. Date Incorporated or Qualified To Do Business in Florida 4/6/2015 | |
| 5. FEI Number 47-3780593 (copy attached) | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status | |

| | | |
|--|-------------|-------------------|
| 7. Name and Address of Current Registered Agent | | |
| Name GAUTHAM PILLAPPA | | |
| Street Address (P.O. Box Number is Not Acceptable) 5731 BASSETT PLACE | | |
| Suite, Apt. #, Etc. | | |
| City SANFORD | State FL | Zip Code 32771 |

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

Gautham Pillappa
REGISTERED AGENT MUST SIGN

Date 4/16/2018

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 |
|--------|--------------------------------------|---|----------------------|
| PTS | Erica Zajac | 106 East Oxford Avenue | Alexandria, VA 22301 |
| V | Adam Zajac | 106 East Oxford Avenue | Alexandria, VA 22301 |
| | | | |
| | | | |
| | | | |
| | | | |

10. E-mail Address: adam.zajac1@gmail.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:

Erica Zajac

Erica Zajac

4/16/2018

703-568-0692

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #