

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JUN 17 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000071803**

1. Corporation Name

BLUE FLAG, INC

2. Principal Office Address

8311 NW 64TH STREET

3. Mailing Office Address

8311 NW 64TH STREET

Suite, Apt. #, etc.

7

Suite, Apt. #, etc.

7

City & State

MIAMI - FLORIDA

City & State

MIAMI - FLORIDA

Zip

33166

Country

USA

Zip

33166

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/15/1993

5. FEI Number

650445640

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

LOPEZ LEVI & ASSOCIATES LLC

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

224 CATELONIA AVENUE

Suite, Apt. #, Etc.

City

CORAL GABLES

State

FL

Zip Code

33134

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 06/09/2003

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	PAULO ALBERTO MOCNY	15241 SW 50ST	MIRAMAR/FL/33027
V/P	ELZA REGINA DA S. BANDEIRA	15241 SW 50ST	MIRAMAR/FL/33027

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 under section 119.07(3)(i), 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:

PAULO ALBERTO MOCNY 06/09/2003 786-331-8682

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

LOPEZ, LEVI & ASSOCIATES, LLC

CERTIFIED PUBLIC ACCOUNTANTS

June 5, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Blue Flag, Inc.

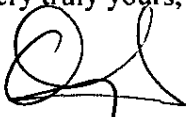
Document #: P93000071803

Gentlemen:

We are enclosing an Application for Reinstatement and a check in the amount of \$450 for the three Annual Reports that have not been filed since 2000. We are requesting that you abate the Reinstatement Fee in the amount of \$600 for our client. The taxpayer moved in 2000 and has not received the annual reports since that time. The taxpayer was unaware the annual report need to be filed in order for the corporation to remain active, and believed that the state was notified of his new address because he continued to file and pay both sales and state unemployment taxes.

If you have any questions, do not hesitate to contact myself or Andrea Pearlman at the number below.

Very truly yours,



Raimundo Lopez-Lima Levi
For the Firm

cc: Mr. Paulo Mocny
MEMBERS OF:

AMERICAN
INSTITUTE
OF CERTIFIED
ACCOUNTANTS

NATIONAL
ASSOCIATION
OF CERTIFIED
VALUATION
ANALYSIS

AMERICAN
COLLEGE
OF FORENSIC
ACCOUNTANTS