

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000004671**

1. Corporation Name

BLUE DREAMS, INC.

FILED

96 NOV 12 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

150 SE 2ND AVE
SUITE 1109
MIAMI FL 33131

Mailing Address

150 SE 2ND AVE
SUITE 1109
MIAMI FL 33131

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Blue Dreams, INC
Suite, Apt. #, etc.
1517 NW 82nd AV
City & State
MIAMI, FL

3. New Mailing Office Address, If Applicable

the same
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

01/20/1984

5. FEI Number

65-0460683

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PS	CAVALCANTI, RICARDO H.	9906 NW 51st Terrace	MIAMI, FL 33178
			300002006703--6 -11/18/96--01007--016 ***383.75 ***383.75

8. Name and Address of Current Registered Agent

CAVALCANTI, RICARDO DE H
150 SE 2ND AVE
SUITE 1109
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name
Cavalcanti, Ricardo de H.
Street Address (P.O. Box Number is Not Acceptable)
1517 NW 82nd AV.
Suite, Apt. #, Etc.
1517
City
MIAMI
State
FL
Zip Code
33126

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date **10/2/96**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/2/96
Date

(305) 470 9000
Daytime Phone #

CR25040 (7/95)