

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 28 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P940000502H4**
1. Corporation Name **BLUE STAR TAXI SERVICE INC.**

200008603932
10/28/02--01019--009 **500.00

2. Principal Office Address

1538 AVE E

Suite, Apt. #, etc.

City & State

RIVIERA Bch FL

Zip

33404

Country

3. Mailing Office Address

1538 AVE E

Suite, Apt. #, etc.

RIVIERA Bch

City & State

FL

Zip

33404

Country

P.B.

200008603932
10/28/02--01019--010 **15.00

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

07/05/1994

5. FEI Number

59-6001874

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

Provert Pierre

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

1260 AVE T

Suite, Apt. #, Etc.

1260

City

RIVIERA Bch

State

FL

Zip Code

33404

200008603932
10/28/02--01019--011 **8.75

8/10/31

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

Provert Pierre

REGISTERED AGENT MUST SIGN

Date

9-12-2002

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
	1260 AVE T	RIVIERA Bch FL	33404
(President)	PROVERT PIERRE	1260 AVENUE T	RIVIERA Bch FL 33404
(Vice President)	PROFETE DORILEUS	1538 AVENUE E	RIVIERA Bch FL 33404

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:

Provert Pierre
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-12-02 561-844-7366

Daytime Phone #

CR2E081 (9/01)

9/11/2002

So: When it may concern this letter is to notify you that, I Robert Piere & Prohete Poulus did not receive a letter stating that I need to renew corporation license so could you please send me the forms I need to complete this.

Thank You,
Robert Piere