

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
97 APR -4 AM 7:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000004554

1. Corporation Name

BLUE TIP INC.
665 NW 118th STREET
MIAMI, FL 33168

Principal Place of Business

Mailing Address

665 NW 118th STREET
MIAMI, FL 33168

REINSTATEMENT 96-97

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1/18/95	
City & State		City & State		5. FEI Number	
Zip		Country		65-0546987	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D/P	WILLE E. JACKSON	16540 NW 84th AVENUE	MIAMI, FL 33016
D/T/S	MICHELLE JACKSON	16540 NW 84th AVENUE	MIAMI, FL 33016

7000002135877-6
-04/08/97-01031-018
****923.75 ****923.75
JB 4-7-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name	
WILLIE E. JACKSON	
Street Address (P.O. Box Number is Not Acceptable)	
665 NW 118th STREET	
Suite, Apt. #, Etc.	
City	
MIAMI	State FL Zip Code 33168

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

Willie E. Jackson

REGISTERED AGENT MUST SIGN

Date 4/1/97

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:

WILLIE E. JACKSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/97
Date

(305) 685-3754
Daytime Phone #

CR2E040 (12/96)