

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JAN -5 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000041186**

1. Corporation Name

CARLOS A. BLIFFELD, INC.

REINSTATEMENT 07

2. Principal Office Address

12135 N.W. 57TH ST

Suite, Apt. #, etc.

3. Mailing Office Address

12135 NW 57TH ST

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL.

City & State

CORAL SPRINGS, FL

Zip

33076

Country

U.S.A

Zip

33076

Country

U.S.A

4. Date Incorporated or Qualified
To Do Business in Florida

5/25/95

5. FEI Number

65-0596628

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

CARLOS A. BLIFFELD

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

12135 NW 57TH ST

Suite, Apt. #, Etc.

City

CORAL SPRINGS

State
FL

Zip Code

33076

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **12/29/03**

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
Pres.	CARLOS A. BLIFFELD	12135 NW 57TH ST	CORAL SPRINGS, FL. 33076
V.P.	RAQUEL A. BLIFFELD	12135 NW 57TH ST	CORAL SPRINGS FL. 33076

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

CARLOS A. BLIFFELD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/29/03

Daytime Phone #

(954)346-6718

CR2001 (10/02)

CARLOS A. BLIFFELD, INC.
12135 NW 57TH ST.
CORAL SPRINGS, FL. 3307

TE/FAX: (954) 346-6718
E-mail: www.bli.com@worldnet.att.net

DATE: 12/29/03

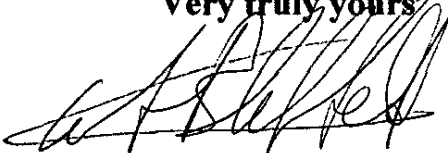
REF.: UBR - 2003

Dear Sirs:

Please find attached our application for reinstatement and check for \$150.00. We didn't receive the UBR for 2003 and that was the reason why it wasn't filed on time.

Thank you very much for your attention.

Very truly yours

A handwritten signature in black ink, appearing to read 'Carlos A. Bliffeld', written over a horizontal line.

Carlos A. Bliffeld
Registered Agent