

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 # A95000041186

1. Corporation Name

CARLOS A. BLIFFELD, INC.

2. Principal Office Address 12135 N.W. 57TH ST	3. Mailing Office Address 12135 NW 57TH ST	600025970316 01/05/04-01017--028 **150.00
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State CORAL SPRINGS, FL	City & State CORAL SPRINGS, FL	4. Date Incorporated or Qualified To Do Business in Florida 5/25/95
Zip 33076	Country U.S.A	5. FEI Number 65-0596628 Applied For Not Applicable
Zip 33076	Country U.S. A	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 617.0503, F.S.

Signature of
Registered Agent

Date 12/29/03

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
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARLOS A. BLIFFELD

12/29/03 (954)346-6718

Date

Daytime Phone #

CR2081 (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

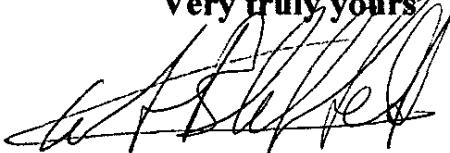
REF.: UBR - 2003

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,



**Carlos A. Bliffeld
Registered Agent**