

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JUL -3 AM 10:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PR5000076900

**1. Corporation Name**

BLU'S BROTHERS, INC

**2. Principal Office Address**

9240 SW 160ST

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33159

Country

DADE

**3. Mailing Office Address**

9240 SW 160ST

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33159

Country

DADE

**4. Date Incorporated or Qualified  
To Do Business in Florida**

1996

**5. FEI Number**

650614182

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

MARY RAYMOND

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

15321 SO. DIXIE HWY

Suite, Apt. #, Etc.

#209

City

MIAMI

State

FL

Zip Code

33157

**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

Mary Raymond

REGISTERED AGENT MUST SIGN

Date 6-30-03

**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
<u>PRES</u>	<u>CARLOS ROBBINS</u>	<u>9515 NASSAU DR</u>	<u>MIAMI FL 33189</u>

**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 Robbins

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

CARLOS ROBBINS

Date

6-30-03

Daytime Phone #

305-2532466