PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

98 NOV -9 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # P960000 18715

1 Corporation Name: BLUE FUNK INC

Principal Place of Business: 555 N.E. 15st # 33A MIAMI FL.33132

Mailing Address:

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business In Florida: 02-29-19996

5. FEI Number: 65-064960 3 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $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
PRES	ARIEL HERNANDEZ	555 N.E.15st #33 A	MIAMI FL. 33132

200002687312--3
-11/13/98--01076--001
****150.00 ****150.00

8. Name and Address of Current Registered Agent

GEORGE BRITO
407 LINCOLN RD # 5B
MIAMI FL. 33139

9. Name and Address of New Registered Agent

Name: GEORGE BRITO
Street Address (P.O. Box Number is Not Acceptable): 407 Lincoln Rd # 5B
Suite, Apt. #, Etc.:
City: MIAMI BEACH | State: FL | Zip Code: 33139

CR2E040 (10/96)

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: _____ REGISTERED AGENT MUST SIGN Date: 11-04-98

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: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2052

Brito & Brito Accounting

407 Lincoln Road
Suite 5-B
Miami Beach, Florida 33139

Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

November 5, 1998

Ref.: Blue Funk Inc.
P96000018715

Dear Sir/Madam,

Please find enclosed check in the amount of $150.00 for the reinstatement of Blue Funk, Inc.

Please accept this check as the address that the report was being mailed is incorrect and he never received it.

Sincerely,

George Brito
Accountant

Corporate Accounting and Business Development
Tel: (305) 534-9292 / Fax: (305) 534-7534