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APPLICATION	FLORIDA DEPARTMI	S BEFORE CO	MPLETING THIS FORM.
FOR	Katherine F	1	0 Å
REINSTATEMENT	Secretary of	State	
TIENOTATEVIEN	DIVISION OF CORP	ORATIONS	בוו רס
DOCUMENT # DOLOCXXX)19120			FILED
1. Corporation Name			00 APR 12 PM 1: 05
B.L.& Associates Inc.			
	,	.~~	SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business Mailing Address			FACCAHASSEE, PLURIDA
Willing Address			
8538 Coral Way Miami Fl. 33155			
11/10/11 71. 33195			
Habaya adda			REINSTATEMENT 98.00
If above addresses are incorrect in any way, line thro  2. New Principal Office Address, If Applicable	ough incorrect information and ente 3. New Mailing Office Address, i	Correction below,	
8538 Coral Way		4.	Date Incorporated or Qualified To Do Business in Florida
	Contraction of the Contraction o		FEI Number Applied For
City & State City & State			59- 2443285   Applied For Not Applicable
Zip Country	Zip Count	ry 6.	SR 75 Additional For the view
33155 JU.S.A.			for a Certificate of Status
Names and Sheel Addresses of Each Officer and/o     Name of Officers		ations must list at least 3 of reet Address of Each	directors)
title(s) and/or Directors	- I o	flicer and/or Director Ise Post Office Box Numb	City / State / Zip
Linda	8538	Coral Way	-0.
tres Alvarado	Miami	F(, 3315	reliami, Florida
Barbara	8538 (	Zoral Way	Miami Florida
Treas. Lope 2	Miami	1 Fl. 3319	33155
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			****900.00 ****900.00
			6000032136966
			-04/18/0001120011
8. Name and Address of Current Re	egistered Agent	9. 1	<u>*****150_00</u> *****150 <u>00</u> Name and Address of New Registered Agent
1	1	Name .	
Linda Alvarac		Street Address (P.O. Bo	ox Number is Not Acceptable)
8538 Coral Wa	1	Suite, Apt. #, Etc.	
Miami Fl. 33	155	Oolie, Apr. 4, Etc.	
		City	State Zip Code
10. 1, being appointed the registered agent of the above	named corporation, am familiar wi	I Ih and accept the obligation	ons of Section 607.0505, F.S.
Signature of Registered Agent	Mana	lo lo	Date 4-1-00
	ISTERED AGENT MUST SIGN		Date
11. This corporation owes the current year(See other side for information			
Intangible Personal Property Tax due June 30. Yes No			
12.1 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.			
	2////	<i>(</i> , , , , , , , , , , , , , , , , , , ,	(200) 5511-12211
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			
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