

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

102

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

200 UBR

DOCUMENT # P96000033241

1. Corporation Name

BLUE SKY A.L.F. INC. #2

Principal Place of Business

Mailing Address

340 S.W. 22 ROAD
MIAMI FL 33129

340 S.W. 22 ROAD
MIAMI FL 33129

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

33129

USA.

4. Date Incorporated or Qualified
To Do Business in Florida

04/12/1996

5. FEI Number

65-0657076

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PS	BENGOCHEA, HILDA	366 S.W. 22 ROAD	MIAMI FL 33129
V	ONTIVERO, DELIA	366 S.W. 22 ROAD	MIAMI FL 33129
T	RAMOS, JUAN C JR	311 S.W. 21 ROAD	MIAMI FL 33129

000003455280-2
-11/07/00--01072-024
***150.00 ***150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ONTIVERO, DELIA
366 S.W. 22 ROAD
MIAMI FL 33129

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. 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.

KE

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-16-00

Date

305-665-9001

Daytime Phone #

CR2040 (8/00)

19202

To: Corp dept. Agent.
From: Hilda Bengochea.

I WAS told to write ^{to} your department a request to waive the penalties and late fees due to the fact that we never recieved the first few notices to pay. Therefore we couldn't sent the 150.00 you originally requested.

We were told to include a check for 150.00 and this letter to resolve this.

If you have any questions please feel free to call me at 305-785-0911.

Thank You Hilda Bengochea.

(P.S. I've also checked the mail for BLUE SKY #1 A.L.F. and I haven't recieved a bill for that one either.)