

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

10f2

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Secretary of State



200000033246

FILED

00 OCT 20 PM 1:02

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P96000033246

1. Corporation Name

BLUE SKY A.L.F. INC. #3

Principal Place of Business Mailing Address

330 SW 22 ROAD 330 SW 22 ROAD
MIAMI FL 33129 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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/12/1996	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0657077	
Country		Country		Applied For	
		USA		Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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	4 City / State / Zip
PS	BENGOCHEA, HILDA	366 SW 22 ROAD	MIAMI FL 33129
V	ONTIVERO, DELIA	366 SW 22 ROAD	MIAMI FL 33129
T	RAMOS, JUAN C JR	311 SW 21 ROAD	MIAMI FL 33129

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ONTIVERO, DELIA
366 SW 22 ROAD
MIAMI FL 33129

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-16-00

Date

305-665-9001

Daytime Phone #

CR20040 (8/00)

10-2062

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

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 Bengoechea.

(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.)