

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

99 DEC 13 PM 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DOCUMENT # P96000063704
 1. Corporation Name
 BLU SYSTEM Corporation

Principal Place of Business	Mailing Address
C/O Craig Leitman 3444 Main Hwy Miami, FL 33133	C/O Craig Leitman 3444 Main Hwy Miami, FL 33133

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	7/30/96
5. FEI Number	65-0687339
Applied For	Not Applicable
6. CERTIFICATE OF STATUS DESIRED	<input type="checkbox"/>

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
PSTD	Leitman, Craig	19667 Turnberry Way	Aventura, FL 33180

[Handwritten signature and scribbles over the table]

8. Name and Address of Current Registered Agent
 Leitman, Craig
 19667 Turnberry Way
 Aventura, FL 33180

9. Name and Address of New Registered Agent
 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 607.0605, F.S.
 Signature of Registered Agent *[Signature]* Date _____
REGISTERED AGENT MUST SIGN

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)(f), 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: *[Signature]* **Craig Leitman** Date **12-6-99** Daytime Phone # **305 266 6021**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALAN N. RAZLA, PA

(954) 983 - 9394 Broward
(954) 292 - 9246 Broward
(954) 983 - 6799 Fax

Florida Office

Alan N. Razla, PA
3216 Stirling Road
Hollywood, FL 33021

Email: CHUCHMA@AOL.COM

**NHSCPA Member
AICPA Member**

New Hamp. Office

Alan N. Razla CPA, PA
26 South Main Street Suite 521
Concord, NH 03301

29-Nov-99

Florida Department of State
Sandra B. Mortham
Secretary of State
Division of Corporations

RE:BLU Systems Corp.
Application for Reinstatement
Document #- P96000063704

Dear Sir or Madam,

I am writing to you on behalf of Blu Systems Corp. to request a waiver of penalties associated with reinstatement of this corporation. This request is based on the fact that this entity did not receive an official preprinted form from the State. Enclosed please find a copy of the form which we obtained from the Internet. The company has made a good faith effort to meet the State's requirements.

If there are any questions feel free to contact my office.

Sincerely,


Alan N. Razla P.A.