

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 Sandra E. Nothman
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

01 NOV 16 PM 1:24
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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 Craig Leitman Suite, Apt. #, etc. 3444 Main Hwy City & State Miami FL Zip 33133	3. New Mailing Office Address, if Applicable Suite, Apt. #, etc. City & State Zip	4. Date Incorporated or Qualified To Do Business in Florida 07/30/1996
Country Dade	Country	5. FEI Number 65-0687339
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable \$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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
PSTD	Leitman, Craig	19667 Turnberry Way	Aventura FL 33180

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 607.0505, F.S.

Signature of Registered Agent _____ 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)(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:  _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 11-14-01
 Daytime Phone #: 305 266 6021

CR2E040 (12/95)

202

AICPA MEMBER

Tax & Accounting Office of

NHSCPA MEMBER

ALAN N. RAZLA, PA.

(954) 983 - 9394 Tel
(954) 983 - 6799 Fax

E-mail: wwwcpa@netzero.net

Florida Office:
ALAN N. RAZLA, PA
3218 Stirling Road
Hollywood, Florida
33021

NH Office
ALAN N. RAZLA, CPA
Certified Public Accountant
26 South Main St. Suite 521
Concord, NH 03301

B"H

October 22, 2001

Fl Dept. of State
Fl Div. of Corp.

RE: Blue System Corporation
Application for Reinstatement
Document No. P96000063704

Dear Sir or Madam:

I am writing to you on behalf of Blu System Corporation, to request a waiver of penalties associated with reinstatement of this corporation. This request is based on the fact that this entity, our office or their attorney did not receive a preprinted form from the State. Enclosed please find a copy of the form we obtained from the internet. The company has made a good faith effort to meet the state's filing requirement.

I thank you in advance for your help,

Sincerely,


Alan N. Razla, PA

anr:dn