

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAY -5 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000063704

1. Corporation Name

Blu System Corp

2. Principal Office Address - No P.O. Box #

3444 Main Hwy

3. Mailing Office Address

Same

Suite, Apt. #, etc.

#20

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33133

Country

USA

Zip

Country

800155463798

05/05/09--01039--029 **750.00

REINSTATEMENT

05-09

4. Date Incorporated or Qualified To Do Business in Florida

1996

5. FEI Number
65-0687339

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Tax & Accounting Office Inc

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

2901 Stirling Rd

Suite, Apt. #, Etc.

Suite 203

City

Fort Lauderdale

State

FL

Zip Code

33312

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

Date _____

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|-----------------------------------|------------------------------------------------|--------------------|
| PSDT | Eric Harari | 19667 Turnberry Way | Aventura, FL 33180 |
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10. 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 contained in Chapter 119, 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

4-27-09

Date

Daytime Phone #

5/11/09