

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P97000023334

1. Corporation Name

CENTURY 21 BLUE DIAMOND, INC.

Principal Place of Business

Mailing Address

8514 ROSE GROVES ROAD
ORLANDO FL 32818

8514 ROSE GROVES ROAD
ORLANDO FL 32818

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

7355 W. Colonial Dr.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Zip

32818

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/14/1997

5. FEI Number

59-3435424

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	JERRYBANDAN, RAMNARINE	8514 ROSE GROVES ROAD	ORLANDO FL 32818

8. Name and Address of Current Registered Agent

HENIN-CLARK, CATHERINE R
200 SOUTH ORANGE AVENUE
SUITE 2600
ORLANDO FL 32801

9. Name and Address of New Registered Agent

Name

RAMNARINE JERRYBANDAN

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

8514 ROSE GROVES RD.

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32818

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

REGISTERED AGENT MUST SIGN

Date 11-16-98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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

11-16-98
Date

407-
521-2169
Daytime Phone #

CR2E040 (9/98)