

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 24 PM 5:33

DOCUMENT # **P97000074145**

1. Corporation Name

BLUE MERLE, INC.

Principal Place of Business

Mailing Address

**1110 BRICKELL AVE. STE #805
MIAMI FL 33131**

**1110 BRICKELL AVE. STE #805
MIAMI FL 33131**

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

825 Brickell Bay Dr #1847

Suite, Apt. #, etc.

City & State
MIAMI FL

City & State

Zip
33131

Country
US

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

08/25/1997

SP

5. FEI Number

65-0784209

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	MANDINA, PHILIP J ESQ.	1110 BRICKELL AVE, STE #805	MIAMI FL 33131

**600004679486--7
-11/14/01--01032--006
****750.00 ****750.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MANDINA, PHILIP J ESQ.

**1110 BRICKELL AVE, STE #805
MIAMI FL 33131**

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

Miami

FL

33131

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

REGISTERED AGENT MUST SIGN

Date

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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

Oct 21, 2001