2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000074145

1. Entity Name
BLUE MERLE, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 NOV -1 AM 10:03

REINSTATEMENT 64

Principal Place of Business
~~825 BRICKELL BAY DR., #1847~~
~~MIAMI, FL 33131~~

Mailing Address
~~825 BRICKELL BAY DR~~, #1847
~~MIAMI, FL 33131~~

10252004 REIN-P CR2E098 (6/04)

2. Principal Place of Business		3. Mailing Address	
15500 New Barn Rd.		15500 New Barn Rd.	
Suite, Apt. #, etc. 107		Suite, Apt. #, etc. 107	
City & State Miami Lakes, FL		City & State Miami Lakes, FL	
Zip 33014	Country U.S.A.	Zip 33014	Country U.S.A.

4. FEI Number 65-0784209 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MANDINA, PHILIP J ESQ.
825 BRICKELL BAY DR., #1847
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2005, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MANDINA, PHILIP J ESQ. 1110 BRICKELL AVE. STE #805 MIAMI, FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	900042355879 11/01/04--01061--010 **150.00	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #