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

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.

10252004 REIN-P CR2E098 (6/04)

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	7. Name and Address of New Registered Agent
MANDINA, PHILIP J ESQ. 825 BRICKELL BAY DR., #1847 MIAMI, FL 33131	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 _____ (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	☐ Change ☐ Addition 900042355879 11/01/04--01061--010 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 #