

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



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

APPROVED
AND
FILED

00 MAR -2 PM 2:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000091295

1. Corporation Name

BLUE NILE EXPORT, INC.

300003164643--0
-03/10/00--01007--007
***1058.75 ***1058.75

2. Principal Office Address

8110 CR 44, Leg A

3. Mailing Office Address

8110 CR 44, Leg A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Leesburg, FL

City & State

Leesburg, FL

Zip

34788

Country

Lake

Zip

34788

Country

Lake

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/26/1998

5. FEI Number

22-3617101

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

Akram Ismail

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

8110 CR 44, Leg A

Suite, Apt. #, Etc.

City

Leesburg,

State
FL

Zip Code

34788

REINSTATEMENT

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

REGISTERED AGENT MUST SIGN

Date

2/28/00

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
Pres	Akram Ismail	8110 CR 44, Leg A	Leesburg, FL 34788
V. Pres	Ismail A. Ismail	8110 CR 44, Leg A	Leesburg, FL 34788

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Akram Ismail
President

Date

2/28/00

325/323-8868

Daytime Phone #