

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

Page 1 of 2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2007 JAN 16 PM 4:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000007444

1. Corporation Name

BLUE REEF OF SOUTH FLORIDA, INC.

600086168016  
01/25/07--01004--009 \*\*600.00

CR2E081 (12/05)

2. Principal Office Address

2600 S. DOUGLAS ROAD

3. Mailing Office Address

2600 S. DOUGLAS ROAD

Suite, Apt. #, etc.

PH-6

Suite, Apt. #, etc.

PH-6

City & State

CORAL GABLES FL

City & State

CORAL GABLES FL

4. Date Incorporated or Qualified  
To Do Business in Florida

01/26/1999

5. FEI Number

65-0891103

Applied For

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
MAURO C. SANTOS

Street Address (P.O. Box Number is Not Acceptable)  
25 SE SECOND AVE

Suite, Apt. #, Etc.  
SUITE: 1235

City  
MIAMI

State  
FL

Zip Code  
33131

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

Date 01/10/07

REGISTERED AGENT MUST SIGN

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
D	HENRIQUE JORGE DUARTE BRANDAO	RUA ANFILOFIO DE CARVALHO-29	RIO DE JANEIRO BRAZIL CEP 20030
D	JANI LUCIA DE ARAUJO BRANDAO	RUA ANFILOFIO DE CARVALHO-29	RIO DE JANEIRO BRAZIL CEP 20030

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 contained in Chapter 119, 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

01/10/07

Date

Daytime Phone #

TO: DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

*Agenda*

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED THE ANNUAL REPORT NOTICE FOR THE YEARS OF 2004, 2005, 2006 AND I AM ALSO INCLUDING 2007 TO PAY THE ANNUAL FEE. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS COMPANY IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,

  
\_\_\_\_\_  
HENRIQUE JORGE DUARTE BRANDAO  
DIRECTOR