## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

٠	PLICAT FOR STATE					Smith ry of St	i		FILED	15	b
DOCUMENT # P9900007444								03 JAN -9 AM 10: 52			
BLUE REEF OF SOUTH FLORIDA, INC.								SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business  25 S.E. 2ND AVENUE SUITE 1235 MIAMI FL 33131  If above addresses are incorrect in any way, line through				Mailing Address  25 S.E. 2ND AVENUE SUITE 1235 MIAMI FL 33131  bugh incorrect information and enter correction below.				90010437529 01/23/0301004013 **300.00			
2. New Principal Office Address. If Applicable 499 PONCE DE COD  Suite, Apt. #, etc.				3, New Maili	OVE over	dress, V.	Applicable	Date Incorporated or Qualified     To Do Business in Florida     01/26/1999			1999
CHY & STORAL GABLES FU				City & State CLEABU			ES FC	5. FEI Number	65-0891103		Applied For Not Applicable
Zip	33134	Country	USA	<sup>2</sup> 3313	4	Country	USH		OF STATUS DESIRED	\$8.75 Ad for a C	ditional Fee required entificate of Status
7. Names a	nd Street Addresses of Each Officer and/or Director (Florida nonprofit con Name of Officers and/or Directors 3						et Address of Each cer and/or Director	st 3 directors)	City / State / Zip		
D ·	DUARTE BRANDAO, HENRIQUE JORGE RUA DEBRET 79-91						9/10 & 13 ANDA 140 DECARVA	DAR VACHO -29 RIO DE JANEIRO BRAZIL CEP 20030			
D	DE ARAUJO BRANDAO, JANI LUCIA RUA DEBRET 78 RUA ANFILIO						9/10 & 13 ANDA FILO DE CAR	10 & 13 ANDAR LO DE CARVALHO-29 RIO DE JANEIRO BRAZIL CEP 20030			
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				i			i	١			
8. Name and Address of Current Registered Agent Name								9. Name and Address of New Registered Agent			
SANTOS, MAURO C INGRAHAM BUILDING Street Address (F								O. Box Number is Not Acceptable)			
an all and an all and the second and all all and all all and all and all and all all and all all and all all and all all all all all all all all all al							Suite, Apt. #, Etc.				
							Čity	State Zip Code			
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. or 617.0505, F.S.											
Signature of											
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 AND EXPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  District Phone 2											

## BLUE REEF OF SOUTH FLORIDA, INC.

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

TO WHOM IT MAY CONCERN:

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.

DUE TO A CHANGE OF PRINCIPAL AND MAILING ADDRESS I NEVER RECEIVED FIRST NOR SECOND NOTICE FOR THE YEAR 2002 UNIFORM BUSINESS REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS.

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 AT THE NEW ADDRESS LISTED IN THE ANNUAL REPORT.

CORDIALLY

HENRIQUE JORGE DUARTE BRANDAO DIRECTOR