

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 DEC 10 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # ~~200002803022-3~~

1. Corporation Name

Blue Brush, Inc.

99000054140

2. Principal Office Address

9516 Indigo Brush Drive

3. Mailing Office Address

9516 Indigo Brush Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Austin, TX

City & State

Austin, TX

Zip

78726

Country

USA

Zip

78726

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida June 14, 1999

5. FEI Number

650936746

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

Steven Silverman, Esq.

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

9500 South Dadeland Blvd.

Suite, Apt. #, Etc.

550

City

Miami

State
FL

Zip Code
33156

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 12-6-04

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
P/S/D	Benita Giller	9516 Indigo Brush Drive	Austin/TX/78726

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

11/18/04 5122573626

Date

Daytime Phone #

CR2E081 (01/04)