PLEASE READ ALI ISTRUCTIONS BEFORE COMPLE NG THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
02 MAR 29 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000057054

. Corporation Name
BLCS, INC.

REINSTATEMENT 00-02

. Principal Office Address	3. Mailing Office Address
2308 NW 5Th Avenue	1521 Alton Road
uite, Apt.#, etc.	Suite, Apt. #, etc.
	Suite 434
ty & State	City & State
Miami, Florida	Miami Beach, Florida
p / Country	Zip / Country
33127 / U.S.	33139 / U.S.

4. Date Incorporated or Qualified To Do Business In Florida

5. FEI Number 65-0953499 — 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: Michael I. Finesilver,Esq.

Street Address (P.O. Box Number Is Not Acceptable): 420 Lincoln Road

Suite, Apt. #, Etc.: Suite 372

City: Miami Beachh — State: FL — Zip Code: 33139

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***1050.00 ***1050.00

. 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.

gnature of egistered Agent: Michael Finesilver — REGISTERED AGENT MUST SIGN — Date: 2-27-02

CR2E081 (9/00)

. 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	Ted Osinski	6070 N. Bay Road	Miami Beach, Fl. 33140

. I certify that I am an officer or director of 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.

IGNATURE: Ted Osinski — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2-21-02

Daytime Phone #: 305-864-9522