Audit No. H99000007599 6

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

99 MAR 30 AM 8:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 94-95

DOCUMENT # S12857

1. Corporation Name

BLUE ELEPHANT CORP.

Principal Place of Business	Mailing Address
176 N.W. 1st Ave. 11th Floor Miami, FL 33128-1835	

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
100 S.E. 2nd Street	
Suite, Apt. #, etc.: 17th Floor	Suite, Apt. #, etc.
City & State: Miami, FL	City & State
Zip: 33131 Country	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 11/15/1990

5. FEI Number: 65-0225790 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee Required

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DPST	MALUF, C.R.	100 S.E. 2nd Street, 17 Fl.	Miami, FL 33131

NP 3/30

8. Name and Address of Current Registered Agent

FRIEDHOFF, JOHN H.
176 N.W. 1st Ave.
Miami, FL 33127-1817

9. Name and Address of New Registered Agent

Name: FRIEDHOFF, JOHN H.
Street Address (P.O. Box Number is Not Acceptable): 100 S.E. 2nd Street
Suite, Apt. #, Etc.: 17th Floor
City: Miami State: FL Zip Code: 33131

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.

Signature of Registered Agent: JOHN FRIEDHOFF Date: 3/8/99

REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒ (See other side for information on Intangible tax.)

12. 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: X _____ 2/27/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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