

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 OCT 10 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S 45602**

1. Corporation Name

**BLUEGRASS Movement, Inc.
DBA FRANTASY**

000110955770
10/18/07--01042--020 **300.00

REINSTATEMENT 06-07

2. Principal Office Address - No P.O. Box #

**230 SW 20 ST Ft Lauderdale
FL 33315**

Suite, Apt. #, etc.

3. Mailing Office Address

**230 SW 20 ST
Ft Lauderdale A 33315**

Suite, Apt. #, etc.

City & State

Ft Lauderdale

Zip

03315

Country

USA

City & State

Ft Lauderdale FL

Zip

33315

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1991

5. FEI Number

65 0255820

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

Soundra R Black

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

230 SW 20 ST

Suite, Apt. #, Etc.

City

Ft Lauderdale

State

FL

Zip Code

33315

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Soundra R Black

REGISTERED AGENT MUST SIGN

Date **OCT 5th 2007**

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
President CEO	Soundra R Black	230 SW 20 STREET	Ft Lauderdale FL 33315
	[Signature]		

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:

Soundra R Black

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #