

FROM : WAGNER-CRONAN

FAX NO. : 3867562445

Oct. 14 2003 11:22AM P3

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 OCT 17 AM 11:20

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSSECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S53548

1. Corporation Name

Blue Ribbon, Inc.

2. Principal Office Address

11857 NW 2nd Street

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Springs, FL

City & State

Zip

33071

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/17/91

5. FEI Number

650268804

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$2.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Granville Fong-Yee

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

11857 NW 2nd Street

Suite, Apt. #, Etc.

City

Coral Springs

State

FL

Zip Code

33071

8. I, the undersigned, being 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

Date

REGISTERED AGENT MUST SIGN

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	Moree Fong-Yee	11857 NW 2nd Street	Coral Springs, FL 33071
VP	Granville Fong-Yee	11857 NW 2nd Street	Coral Springs, FL 33071

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 due 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

Date

954-970-9971

Daytime Phone #

CR22041 (10/02)

21 10/21

BLUE RIBBON, INC.
11857 NW 2nd Street
Coral Springs, Florida 33071

October 14, 2003

Florida Department of State
Division of Corporations
Reinstatement Section
Post Office Box 6327
Tallahassee, Florida 32314

RE: BLUE RIBBON, INC. /
ADMINISTRATIVE DISSOLUTION

Dear Sir or Madam:

With respect to the above-referenced corporation, please be advised that I did not receive the 2003 Uniform Business Report from the Division of Corporations and, as a result, the corporation was administratively dissolved for failing to file this form. In further researching this issue, it appears that although the 2002 UBR correctly listed the mailing address as "11857 NW 2nd Street," this was incorrectly entered in your records as "11857 NW 21st Street." Therefore, the 2003 UBR was most likely returned to the Division of Corporations, as it was sent to the wrong address.

Accordingly, I have enclosed the completed reinstatement form, along with a check in the sum of \$150.00 representing the filing fee. I would request that the reinstatement fee be waived, and that the corporation be reinstated immediately.

Thank you for your attention to this matter. Should you have any questions, I can be reached at (954) 970-9971.

Sincerely,


GRANVILLE FONGYEE
V/President