

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

03 OCT 30 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. **DOCUMENT #** L02000005017

Name and Mailing Address

0001183 01 AT 0.292 \*\*AUTO T6 3 0615 32082-503904



THE BLASKO GROUP L.L.C.  
3204 SAWGRASS VILLAGE CIRCLE  
PONTE VEDRA BEACH FL 32082-5039



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 03/01/2002	
Principal Place of Business 3204 SAWGRASS VILLAGE CIRCLE PONTE VEDRA BEACH FL 32082	3. New Principal Place of Business Address City, State, Zip	6. FEI Number <b>75 3018407</b>	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent  BLASKO, JOSEPH JR. 133 BROKEN POTTERY DRIVE PONTE VEDRA BEACH FL 32082	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>900024289459</b> 10/30/03--01051--013 **150.00 City FL Zip Code
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10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent *Joseph Blasko* **SIGNATURE REQUIRED** Date **10-29-03**  
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	BLASKO, JOSEPH JR.	133 BROKEN POTTERY DRIVE	PONTE VEDRA BEACH FL 32082
MGRM	BLASKO, JANET R	133 BROKEN POTTERY DRIVE	PONTE VEDRA BEACH FL 32082

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager *Joseph Blasko* **SIGNATURE REQUIRED** Date **10-29-03** Daytime Phone # **904-280-0568**  
Typed or printed name of signing Managing Member/Manager **JOSEPH BLASKO, JR.**

CR2E084 (7/03)

**REINSTATEMENT** 03  
*dec*