

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 JUL 14 AM 8:24

DOCUMENT # N06000011577

1. Corporation Name

Blackburn Ridge Homeowners' Association, Inc.

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

1205 Manatee Avenue West

Suite, Apt. #, etc.

3. Mailing Office Address

1205 Manatee Avenue West

Suite, Apt. #, etc.

City & State

Bradenton, FL

City & State

Bradenton, FL

Zip

34205

Country

USA

Zip

34205

Country

USA

**REINSTATEMENT 07-10** <sup>KS</sup>

4. Date Incorporated or Qualified  
To Do Business in Florida 11/06/2006

5. FEI Number

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

Timothy A. Knowles, Esquire

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

1205 Manatee Avenue West

Suite, Apt. #, Etc.

City

Bradenton,

State

FL

Zip Code

34205

800183277288  
07/14/10--01026--003 \*\*420.00

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

*Timothy A. Knowles*  
REGISTERED AGENT MUST SIGN

Date

7/12/2010

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/D	Jonathan Shute	9105 17th Avenue NW	Bradenton, FL 34209
VP/T/S/D	Bill Priakos	19417 Gulf Boulevard	Indian Shores, FL 33785
D	Michael K. Walker	1793 Mango Avenue	Sarasota, FL 34234

10. E-mail Address: tak@phkplaw.com

(To be used for future annual report notification)

11. 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. I further certify, 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:

*Bill Priakos*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/10

Date

727-593-5303

Daytime Phone #