

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED


07 MAR 22 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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04/04/07--01045--005 **450.00

REINSTATEMENT 05-07

CR2E081 (1/07)

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P04000161222

1. Corporation Name

John Blackwell Construction Management, Inc.

2. Principal Office Address - No P.O. Box # 309 White Heron Dr.		3. Mailing Office Address P. O. Box 1770	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Santa Rosa Beach, FL		City & State Santa Rosa Beach, FL	
Zip 32459	Country U.S.	Zip 32459	Country U.S.

**4. Date Incorporated or Qualified
To Do Business in Florida** 11/30/2004

5. FEL Number 20-1938390 ☐ Applied For
☐ Not Applicable

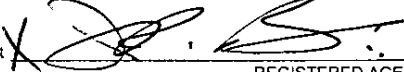
6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent		
Name John P. Blackwell, Jr.		
Street Address (P.O. Box Number is Not Acceptable) 309 White Heron Dr.		
Suite, Apt. #, Etc.		
City Santa Rosa Beach	State FL	Zip Code 32459

☒ 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



REGISTERED AGENT MUST SIGN

Date

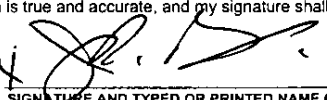
3-21-07

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	John P. Blackwell, Jr.	309 White Heron Dr.	Santa Rosa Bch., FL 32459

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:



John P. Blackwell, Jr.

03/21/2007

850-699-8075

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

203/28