PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT 00 W02

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 OCT 24 PM 4:14

DOCUMENT # P94000068707

1. Corporation Name

BLAKE CONTRACTING, INC.

Principal Place of Business	Mailing Address
400 SW 9TH ST FT LAUDERDALE FL 33315	400 SW 9TH ST FT LAUDERDALE FL 33315

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.: 1204 TANGelo Isle	Suite, Apt. #, etc.: 1204 TANGelo Isle
City & State: Ft Lauderdale Fl	City & State: Ft. Lauderdale Fl
Zip: 33315 Country: Broward	Zip: 33315 Country: Broward

4. Date Incorporated or Qualified To Do Business in Florida: 09/19/1994

5. FEI Number: 65-0520162 ☐ Applied For ☐ Not Applicable

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	BLAKE, CHRISTIAN B	421 SW 13TH ST	FT LAUDERDALE FL 33315

700003455387--8
-11/07/00--01080--023
****150.00 ****150.00

AB 11/2

8. Name and Address of Current Registered Agent

BLAKE, CHRISTIAN B
400 SW 9TH ST
FT LAUDERDALE FL 33315

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (8/00)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: C Blake SIGNATURE REQUIRED Date: Oct 18, 2000

REGISTERED AGENT MUST SIGN

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 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: C Blake SIGNATURE REQUIRED Oct 18 2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #