

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL 29 AM 7:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P9800010134Z

1. Corporation Name

BLM ASSOCIATES, INC.

2. Principal Office Address

945 ARBORMOOR PL

Suite, Apt. #, etc.

City & State

LAKE MARY

Zip

32746

Country

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

SAME

Zip

SAME

Country

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

12/01/1998

5. FEI Number

59-3544561

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

WOLLNER, RICHARD A

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

2917 WEST STATE ROAD 43A

Suite, Apt. #, Etc.

SUITE 151

City

LONGWOOD

100038047461
06/17/04--01047--008 **750.00

100038047461
07/29/04--01049--006 **150.00

State

FL

Zip Code

32779

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 6/14/04

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
PRESIDENT	BEVERLY L. MARUBBIO	945 ARBORMOOR PL	LAKE MARY, FL 32746
VP	ARTHUR A. MARUBBIO	945 ARBORMOOR PL	LAKE MARY, FL 32746

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 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 TITLE OF PRINCIPAL OFFICER OR DIRECTOR

[Signature]
ARTHUR A. MARUBBIO

VPO Operations

JUNE 13, 2004 407 620 2323

Date

Daytime Phone #

CR2E081 (10/02)