


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. **FILED**

2006 AUG -3 PM 12: 17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V37062**
1. Corporation Name
BLACKMAN ENTERPRISE INC.

200078482502
08/08/06--01062--001 **450.00

2. Principal Office Address 2456 MARY JEWETT CIR		3. Mailing Office Address 2456 MARY JEWETT CIR	
Suite, Apt. #, etc. 501		Suite, Apt. #, etc. 501	
City & State WINTER HAVEN, FL		City & State WINTER HAVEN, FL	
Zip 33881	Country USA	Zip 33881	Country USA

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
593193126

6. CERTIFICATE OF STATUS DESIRED See 75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
KEVIN BLACKMAN

Street Address (P.O. Box Number is Not Acceptable)
2456 MARY JEWETT CIR

Suite, Apt. #, Etc.
501

City
WINTER HAVEN

State
FL

Zip Code
33881

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
Kevin Blackman

Date
8-2-06

REGISTERED AGENT MUST SIGN

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	KEVIN BLACKMAN	2456 MARY JEWETT CIR	WINTER HAVEN FL 33881
T	KEVIN BLACKMAN	2456 MARY JEWETT CIR	WINTER HAVEN FL 33881
S	KEVIN BLACKMAN	2456 MARY JEWETT CIR	WINTER HAVEN FL 33881
V	KEVIN BLACKMAN	2456 MARY JEWETT CIR	WINTER HAVEN FL 33881
P	KEVIN BLACKMAN	2456 MARY JEWETT CIR	WINTER HAVEN FL 33881
C	KEVIN BLACKMAN	2456 MARY JEWETT CIR	WINTER HAVEN FL 33881

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: **Kevin Blackman**

Date
8-2-06

Daytime Phone #
863 224-3019

8-2-06

To The Division of COR,
I Did not Receive the ~~Yearly~~ Report From 2004,
I Am ASKING that the Late Fee Be Waived
THANK YOU VERY MUCH

Kenn Blockman
863-224-3019