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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03-AUG 22 AM 10:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V 37062

1. Corporation Name  
BLACKMAN ENTERPRISE INC.

2. Principal Office Address  
2456 MARY JEWETT CIR

Suite, Apt. #, etc.  
CIR. WINTER HAVEN

City & State  
FL.

Zip  
33881

Country  
USA

3. Mailing Office Address  
2456 MARY JEWETT CIR

Suite, Apt. #, etc.  
WINTER HAVEN

City & State  
WINTER HAVEN FL

Zip  
33881

Country  
USA

400022612004  
08/27/03--01056--004 \*\*1073.75

4. Date Incorporated or Qualified To Do Business in Florida  
5. FEI Number  
59 319 3126  
6. CERTIFICATE OF STATUS DESIRED  \$6.75 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.

City  
WINTER HAVEN

REINSTATEMENT 97-031 TS  
FL 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  
REGISTERED AGENT MUST SIGN

Date  
8-21-03

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
D	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 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: Kevin Blackman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-23-03 863 401-8269

Date

Daytime Phone #

CR2E081 (10/02)

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8-21-03

To: The Division of Corp.

I AM ASK THAT THE LATE FEE BE  
WAVED

I did not receive the ~~YEARLY~~  
Report From 1997

Thanks,

Kan Plakun