

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **198065**

1. Corporation Name

BLAIR DEVELOPMENT CORPORATION

Principal Place of Business

Mailing Address

C/O WEISSMAN MANAGEMENT CORP.
225 WESTCHESTER AVENUE. ~~208~~ 307
PORT CHESTER NY 10509
US

C/O WEISSMAN MANAGEMENT CORP.
225 WESTCHESTER AVENUE. ~~208~~ 307
PORT CHESTER NY 10509
US

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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/05/1956

5. FEI Number

13-6102291

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PT	WEISSMAN, ALAN B	225 WESTCHESTER AVE	PORT CHESTER NY 10573
VS	STETSON, JOHN D	225 WESTCHESTER AVE	PORT CHESTER NY 10573
			500032966265 04/16/04--01052--002 **8.75
			500032966265 04/16/04--01052--001 **900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MOYLAN, JOHN
2119 JOYCE STREET
FLGLER BEACH FL 32136

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

John P. Moylan
REGISTERED AGENT MUST SIGN

Date

4-14-04

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/2003
Date

914 937-6672
Daytime Phone #

CR2E040 (7/03)