

# 2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 371475

FILED  
Oct 08, 2010  
Secretary of State

**Entity Name:** BLAIR'S JUNGLE DEN, INC.

**Current Principal Place of Business:**

1820 ORMANDS JUNGLE DEN RD  
ASTOR, FL 32102

**New Principal Place of Business:**

**Current Mailing Address:**

1820 ORMANDS JUNGLE DEN RD  
ASTOR, FL 32102

**New Mailing Address:**

FEI Number: 59-1306491

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BLAIR, BARBARA D  
1820 JUNGLE DEN ROAD  
ASTOR, FL 32102 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: BARBARA D. BLAIR

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BLAIR, BARBARA D  
Address: 1820 ORMANDS JUNGLE DEN RD  
City-St-Zip: ASTOR, FL 32102

Title: VPD  
Name: BLAIR, MICHAEL S  
Address: 1820 ORMANDS JUNGLE DEN RD  
City-St-Zip: ASTOR, FL 32102

Title: T  
Name: BLAIR, BARBARA D  
Address: 1820 ORMANDS JUNGLE DEN RD  
City-St-Zip: ASTOR, FL 32102

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL S. BLAIR

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

VP

10/08/2010

\_\_\_\_\_  
Date