

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2011 NOV 16 AM 11:58

SECRETARY OF STATE
FLORIDA
3

DOCUMENT # 409705

1. Corporation Name

BLANCO INDUSTRIES INC.

W11-54692

2. Principal Office Address - No P.O. Box #
5960 SW 32 TERRACE

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE FL

Zip

33312

Country

USA

3. Mailing Office Address

5960 SW 32 TERRACE

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE FL

Zip

33312

Country

USA

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CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida 09/29/1972

5. FEI Number

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

VITO LAERA

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

5960 SW 32 TERRACE

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

State

FL

Zip Code

33312

500214381845
11/16/11--01002--014 **4950.00

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

Date 10/24/11

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
M	VITO LAERA	5960 SW 32 TERRACE	FORT LAUDERDALE, FL 33312

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RV

10. E-mail Address: vito@sinksrus.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify that the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/11

Date

954-592-9476

Daytime Phone #