

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# F09000001638

Entity Name: W. E. BLAIN & SONS, INC.

**FILED**  
**Apr 17, 2014**  
**Secretary of State**

**Current Principal Place of Business:**

98 PEARCE ROAD  
MT. OLIVE, MS 39119

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1208  
MT. OLIVE, MS 39119

**New Mailing Address:**

FEI Number: 64-0471513

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: W W BLAIN JR

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CP  
Name: BLAIN, W. W. JR  
Address: 98 PEARCE ROAD  
City-St-Zip: MT. OLIVE, MS 39119

Title: TS  
Name: BREWER, J. W. JR  
Address: 98 PEARCE ROAD  
City-St-Zip: MT. OLIVE, MS 39119

Title: DV  
Name: BLAIN, MICHAEL R  
Address: 98 PEARCE ROAD  
City-St-Zip: MT. OLIVE, MS 39119

Title: DV  
Name: STEVENS, ROBERT L  
Address: 98 PEARCE ROAD  
City-St-Zip: MT. OLIVE, MS 39119

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: W W BLAIN JR

Electronic Signature of Signing Officer or Director

CP

04/17/2014

Date