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 #

F29373

1. Corporation Name

BLAKELY, WARD, STUCKEY OF FLORIDA, INC.

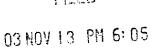
Principal Place of Business

Mailing Address

2641 EAST ATLANTIC BLVD POMPANO BEACH FL 30062 STE 201

2641 EAST ATLANTIC BLVD POMPANO BEACH FL 30062 STE 201





SECRETARY OF STATE TALLAHASSEE. FLORIDA

If above addresses are incorrect in any way, line through incorrect information and enter correction below.						11/14/0301009002 ***750.00			
				ing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida  04/13/1981			
Suite, Apt.	#, etc.	· · · · · · · · · · · · · · · · · · ·	- Suite, Apt. #, etc.			5. FEI Number Applied For			
City & State	•		City & State		_			Not Applicable	
Zip Country			Zip Cou		Country	6. CERTIFICATI	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee requir		
7. Names	and Street Add	dresses of Each Officer an	d/or Director (Flo	rida nonprot	fit corporations must list at le	ast 3 directors)			
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip		
P	TATUM, MARK C			2771 N.E. 57TH ST			FT. LAUDERDALE FL 33308		
V	VITALE, GEORGE			2641 E. Atlantic Blvd.			Pompano Beach,	FL 33062	
	·						· · · · · · · · · · · · · · · · · · ·		
		· · · · · · · · · · · · · · · · · · ·							
8. Name and Address of Current Registered Agent						Name and Address of New Registered Agent			
		•			- Name				
	i, mark c i.e. 57th s'	т			Street Address (	Street Address (P.O. Box Number is Not Acceptable)			
FT. LAUDERDALE FL 33308					Suite, Apt. #, Etc	Suite, Apt. #, Etc.			
		,			City	City State Zip Code			
10. I, being	appointed the	e registered agent of the a	bove named corp	oration, am	familiar with and accept the c	obligations of Sect	tion 607.0505, F.S. or 617.050	5, F.S.	
Signature of Registered Agent Date 10/9/03									
			REGISTERED AC	JENI MUST	SIGN				

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 filling 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: