

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

03 NOV 13 PM 6:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F29373**

1. Corporation Name

BLAKELY, WARD, STUCKEY OF FLORIDA, INC.

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REINSTATEMENT 2003



600024697776
11/14/03-01009--002 **750.00

Principal Place of Business	Mailing Address
2641 EAST ATLANTIC BLVD STE 201 POMPANO BEACH FL 30062	2641 EAST ATLANTIC BLVD STE 201 POMPANO BEACH FL 30062

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/13/1981	
City & State		City & State		5. FEI Number	
Zip		Country		59-2110651	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 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

TATUM, MARK C
2771 N.E. 57TH ST.
FT. LAUDERDALE FL 33308

9. Name and Address of New Registered Agent

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 *Mark C Tatum* **SIGNATURE REQUIRED** Date 10/9/03
REGISTERED AGENT 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 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: *Mark C Tatum* **SIGNATURE REQUIRED** Date 10/9/03 Daytime Phone # 954-781-8422
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (7/03)