

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 1.2em; margin-bottom: 10px;">97 JAN 27 AM 10:34</div> <div style="font-size: 1.1em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
<b>DOCUMENT #</b> <span style="font-size: 1.5em;">F52963</span>					
1. Corporation Name BLACKWELDER <del>UNFINISHED</del> <span style="font-size: 1.2em;">UNFINISHED. JUVENILE, Inc.</span>					
Principal Place of Business 12475 S. Dixie Highway Miami, FL 33156		Mailing Address 12475 S. Dixie Highway Miami, FL 33156			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable  Suite, Apt. #, etc.  City & State  Zip      Country		3. New Mailing Address, If Applicable  Suite, Apt. #, etc.  City & State  Zip      Country		4. Date Incorporated or Qualified To Do Business in Florida <div style="text-align: right; font-size: 1.2em;">11/6/81</div>	
5. FEI Number <div style="text-align: right; font-size: 1.2em;">59-2140999</div>				Applied For <input type="checkbox"/> 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	2	3	4	5	6
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
PRE.	FRANCES BLACKWELDER	260 SHADOW WAY	MIAMI FL 33160		
V. PRE	BARBARA SHEA	331 DEER RUN	MIAMI FL 33166		
CORP. SEC.	JAMES BLACKWELDER	87200 OVERSEAS HWY #09	ISLAMORADA FL 33036		
			900002070459--U		
			-01/28/97-01102-010		
			****375.00 ****375.00		
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
Name BRUCE S. BUTLER			Name BRUCE S. BUTLER		
Street Address (P.O. Box Number is Not Acceptable) 9709 West Sample Rd			Street Address (P.O. Box Number is Not Acceptable) 9709 West Sample Rd		
Suite, Apt. #, Etc.			Suite, Apt. #, Etc.		
City CORAL SPRINGS			State      Zip Code FL      33065		
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.					
Signature of Registered Agent  REGISTERED AGENT MUST SIGN		Date <span style="font-size: 1.2em;">1-2-97</span>			
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <div style="text-align: right; font-size: 0.8em;">(See other side for information on intangible tax.)</div>					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.					
<b>SIGNATURE:</b> <span style="font-size: 1.5em;">James Blackwelder</span> <span style="float: right;">JAMES BLACKWELDER</span>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <span style="font-size: 1.2em;">1-2-97</span>		Daytime Phone # <span style="font-size: 1.2em;">305-238-5379</span>

CR2040 (12/95)