

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

01 JAN -4 AM 8:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99000002698

1. Corporation Name

Blazie Engineering Inc.

2. Principal Office Address

7 N. Beach Rd

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hobe Sound, FL

City & State

Zip

FL

Country

Martin

Zip

33455

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

52-1692726

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

Deane B. Blazie

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

7 N. Beach Rd

Suite, Apt. #, Etc.

City

Hobe Sound, FL

State

FL

Zip Code

33455

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

Deane B. Blazie

Date 11/30/00

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

~~Pres~~

Pres Deane B. Blazie

7 N. Beach Rd.

Hobe Sound, FL 33455

VP Bryan J. Blazie

3610 Bowspint Circle

Stuart, FL 34997

Secy Lynn M. Blazie

7 N. Beach Rd.

Hobe Sound, FL 33455

10. 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:

Lynn M. Blazie / Lynn M. Blazie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secy.

Treasurer

12/5/00 (561) 546-8338

Date

Daytime Phone #