

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 DEC 18 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H74125**

1. Corporation Name

Blake, Torres & Mildner, P.A.

2. Principal Office Address

423 Delaware Ave

Suite, Apt. #, etc.

City & State

Fort Pierce, FL

Zip
34948

Country

St. Lucie

3. Mailing Office Address

Box 3269

Suite, Apt. #, etc.

City & State

Fort Pierce, FL

Zip

34950

Country

St. Lucie

REINSTATEMENT

02

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

59-2576597

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

Juan F. Torres, III

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

423 Delaware Ave

Suite, Apt. #, Etc.

City

Fort Pierce

State

FL

Zip Code

34948

100009582631

12/18/02--0106R--022 **750.00

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

REGISTERED AGENT MUST SIGN

Date **12-16-02**

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
DV	Glenn M. Blake	1575 48th Ave	Vero Beach, FL
DP	Juan F. Torres, III	423 Delaware Ave	Ft. Pierce, FL 34948
T	Roy T. Mildner	423 Delaware Ave	Ft. Pierce, FL 34948

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-16-02

Daytime Phone #

772-464-8008

CR2E081 (9/01)