

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # J 53030**

**1. Corporation Name**

**BLANK ENTERPRISES, INC.**

**2. Principal Office Address**

**9703 S. DIXIE HWY.**

Suite, Apt. #, etc.

**SUITE # 3**

City & State

**MIAMI, FLA.**

Zip

**33156**

Country

**MIAMI-DADE**

**3. Mailing Office Address**

**10950 S.W. 65 AVE.**

Suite, Apt. #, etc.

City & State

**MIAMI, FLA.**

Zip

**33156**

Country

**MIAMI-DADE**

FILED

03 OCT 17 PM 1:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

700024009537

10/22/03--01017--011 \*\*1673.75

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

**1-13-87**

**5. FEI Number**

**650130914**

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

**FELIX BLANK**

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

**10950 SW 65 AVE**

Suite, Apt. #, Etc.

City

**MIAMI,**

State  
**FL**

Zip Code  
**33156**

TS

**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 **10-10-03**

**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
PDT	FELIX BLANK	10950 SW 65 AVE.	MIAMI, FLA. 33156
VDS	RITA BLANK	10950 SW 65 AVE.	MIAMI, FLA. 33156

**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

**FELIX BLANK**

**10-10-03**

Date

**305 666-5007**

Daytime Phone #

CR2E081 (10/02)

Mailing Address:  
10950 SW 65 Ave.  
Miami, Florida 33156  
Tel. 305-666-5007

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# BLANK ENTERPRISES, INC.

October 10, 2003

Department of State  
Division of Corporations  
P. O. BOX 6327  
Tallahassee, Fla. 32314

This letter shall serve as my official request for the Reinstatement of Blank Enterprises, Inc. Please be advised that we have never received the Annual Report since 1994 or notice of the Administrative Dissolution in 1994.

Therefore, I am hereby requesting Reinstatement of said Company and the waiver of the Reinstatement fee of \$600. due to not having received said Notice of Annual reports or said Administrative Dissolution.

I am enclosing a check in the amount of \$1,665.00 for bringing said company current from 1994 to date, plus \$8.75 for the delivery of a Certificate of Status.

I wish to thank you for your cooperation in this matter.

Sincerely,

Felix Blank

President

FB/rmo

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