

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K10285

1. Corporation Name

MARLOWE J. BLAKE, P.A.

Principal Place of Business

520 W. HALLANDALE BEACH BLVD.
HALLANDALE FL 33009
US

Mailing Address

520 W. HALLANDALE BEACH BLVD.
HALLANDALE FL 33009
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/05/1988

5. FEI Number

59-2876146

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P/D	BLAKE, MARLOWE J	520 W. HALLANDALE BEACH BLVD.	HALLANDALE FL 33009

8. Name and Address of Current Registered Agent

BLAKE, MARLOWE J
520 W. HALLANDALE BEACH BLVD.
HALLANDALE FL 33009

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

Marlowe J. Blake
REGISTERED AGENT MUST SIGN

Date

11/7/02

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:

Marlowe J. Blake
Marlowe J. Blake, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/7/02

Daytime Phone #

305-
670-3379

CR2E040 (8/02)

2932

MARLOWE JAY BLAKE, P.A.
ATTORNEY AT LAW

520 WEST HALLANDALE BEACH BLVD
HALLANDALE, FLORIDA 33009

TELEPHONE: (305) 670-3379
FACSIMILE: (305) 670-3380

November 7, 2002

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

Re: Reinstatement of MARLOWE J. BLAKE, P.A.

Dear Department:

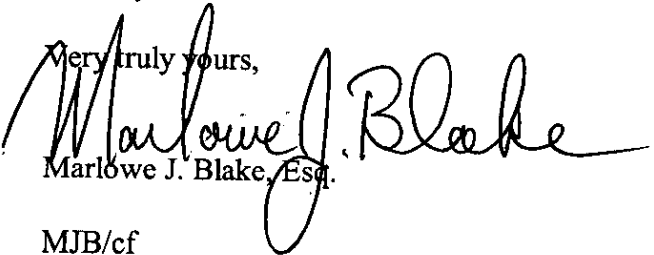
I am the President, Director and Registered Agent of Marlowe J. Blake. P.A.

This corporation did not receive two prior UBR notices.

Enclosed is a check in the amount of \$150.00 for reinstatement along with the completed reinstatement application.

Thank you.

Very truly yours,


Marlowe J. Blake, Esq.

MJB/cf