

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



92-99 AR
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 JUL 12 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # KA1120

1. Corporation Name

BLACKPOOL CORPORATION

Principal Place of Business

Mailing Address

> SAME

700 NE 42nd Street
Pompano Beach, FL 33064

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 92-99

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

MAY 26, 1989

5. FEI Number

65-0120050

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	Dennis Holmes	22 The Rowans	Poulton, England, U.K. FY5 3RS
P/D	Damien A. Holmes	44 Henson Avenue	Marton Blackpool, England, U.K. FY4 3LY

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-07/14/99--01082--007
***1808.75 ***1808.75

8. Name and Address of Current Registered Agent

ALAN HOLMES
700 NE 42ND STREET
POMPAHO BEACH, FL 33064

9. Name and Address of New Registered Agent

Name

JON AGE E

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

915 MIDDLE RIVER DRIVE

Suite, Apt. #, Etc.

SUITE 512

City

FORT LAUDERDALE

State

FL

Zip Code

33304

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 July 9, 1999

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

Damien A. Holmes, Resident July 9, 1999 954 943 0204

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #