

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **L00000012883**

1. Limited Liability Company's Name

**BLAZIN ENTERPRISES, LLC**  
**REINSTATEMENT 2003**

03 NOV 14 AM 9:34

WL 11/24

2. Principal Office Address

**4300 KINGS HWY**

Suite, Apt. #, etc.

**#412**

City & State

**PT. CHARLOTTE, FL**

Zip

**33980**

Country

3. Mailing Office Address

**4300 KINGS HWY**

Suite, Apt. #, etc.

**#412**

City & State

**PT. CHARLOTTE, FL**

Zip

**33980**

Country

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

**59-3677554**

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

**ZINN, BLAKE C.**

**200023681482**

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

**3245 JESSICA TER.**

Suite, Apt. #, Etc.

City

**PT. CHARLOTTE, FL 33948**

State  
**FL**

Zip Code

**33948**

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

*Blake C. Zinn*  
REGISTERED AGENT MUST SIGN

Date **10.1.03**

10. Names and Street Addresses of Managing Members/Managers

| Titles       | Name of<br>Managing Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip             |
|--------------|--------------------------------------|---------------------------------------------------|--------------------------------|
| <b>PRES.</b> | <b>BLAKE C. ZINN</b>                 | <b>3245 JESSICA TER.</b><br><b>1</b>              | <b>PT. CHARLOTTE, FL 33948</b> |
|              |                                      |                                                   |                                |
|              |                                      |                                                   |                                |
|              |                                      |                                                   |                                |
|              |                                      |                                                   |                                |
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|              |                                      |                                                   |                                |

**REINSTATEMENT**

**2003**

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of  
Managing Member/Manager

*Blake C. Zinn*

Date **10/1/03**

Daytime Phone # **941-629-2114**

Typed or printed name of signing Managing Member/Manager

**BLAKE C. ZINN**

CR2E041 (10/02)