

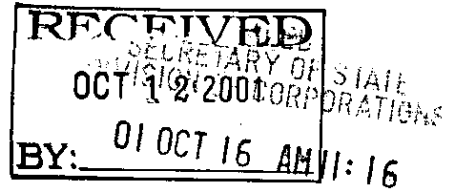
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # **L52167**

1. Corporation Name

BLITZ VENTURES, INC.

Principal Place of Business

Mailing Address

501 NE 183RD ST
MIAMI FL 33179
US

501 NE 183RD ST
MIAMI FL 33179
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

02/22/1990

5. FEI Number

65-0173911

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
PS	BLITZ, HOWARD	501 NE 183RD ST	MIAMI FL 33179
V	BLITZ, LAWRENCE	501 NE 183RD ST	MIAMI FL 33179
T	BLITZ, ROBERT	501 NE 183RD ST	MIAMI FL 33179

8. Name and Address of Current Registered Agent

BLITZ, HOWARD
501 NE 183RD ST
MIAMI FL 33179

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.

Signature of
Registered Agent

[Signature]

Date

REGISTERED AGENT MUST SIGN

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:

[Signature] Howard Blitz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-15-01

Daytime Phone #

305 525 8205

CR2E040 (8/01)

Bottomline Foods

501 NE 183rd Street * Miami, FL 33179

Phone: 305-651-3663 * Fax: 305-651-7770 * Website: www.blf.com

Monday, October 15, 2001

Department Of State
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Dear Sirs,

On October 12th 2001, our office received its first notice regarding the 2001 Uniform Business Report. Unfortunately, we have been in non-receipt of all previous notices this year, which would have alerted us that the annual application and associated filing fee was due.

Not only did we not receive the original application in January 2001, but also we did not receive the second notice that you state is mailed in June. We did provide a change of address in our 2000 report, which was paid promptly in January 2000. See copy of our last year's report showing date of completion and submission. As you can see, we did not even take advantage of the typical-grace period as we normally place any reporting to federal and state authorities a priority matter.

We are therefore at this time, and with posthaste, reacting to the reinstatement notification and are enclosing our filing fee of \$150.00 for your processing.

Sincerely,



Howard Blitz
President
Blitz Ventures, Inc. (d.b.a. Bottomline Foods)