

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED
04 DEC 10 PM 4:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M10210

1. Corporation Name

BLakely + Pearson Corp.

2. Principal Office Address

11737 NW 12 St

3. Mailing Office Address

11737 NW 12 St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

City & State

Pembroke Pines, FL

Zip

33026

Country

USA

Zip

33026

Country

USA

REINSTATEMENT 00-01

4. Date Incorporated or Qualified
To Do Business in Florida

01-18-1985

5. FEI Number

59-2485104

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

Donna Blakely

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

11737 NW 12 St

Suite, Apt. #, Etc.

City

Pembroke Pines

State

FL

Zip Code

33026

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

Donna A Blakely
Personal Representative

Date

12-07-04

REGISTERED AGENT MUST SIGN

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
	Donna Blakely Personal Representative	11737 NW 12 St	Pembroke Pines, FL 33026

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: Donna L Blakely
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-07-04

Date

Daytime Phone #

954-562-8709

CR2E081 (01/04)