

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N02000000953**

1. Corporation Name

**BLANCHE'S PLACE, INC.**

Principal Place of Business

10800 SW 172 ST.  
MIAMI FL 33157

Mailing Address

10800 SW 172 ST.  
MIAMI FL 33157

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/08/2002

5. FEI Number

43-1950796

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	Cecelia Rivera	17111 SW 108th Avenue	Miami, FL 33157
S	Samantha Knight	16215 SW 98th Court	Miami, FL 33157
D	Joel Price	10800 SW 172nd Street	Miami, FL 33157

8. Name and Address of Current Registered Agent

GARCIA, CARLOS E P.A.  
4995 NW 72 AVE. #206  
MIAMI FL 33166

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

REGISTERED AGENT MUST SIGN

Date

11/25/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joel Price

Date

Daytime Phone #

FILED

03 DEC -4 PM 1:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
REINSTATEMENT 03



900025218899

12/04/03--01013--011 \*\*61.25

CR2E040 (7/03)

**CARLOS E. GARCIA**  
CERTIFIED PUBLIC ACCOUNTANT  
PROFESSIONAL ASSOCIATION  
4995 NW 72ND AVENUE  
SUITE 206  
MIAMI, FLORIDA 33166  
TEL (305) 599-9939  
FAX (305) 599-8835

November 25, 2003

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

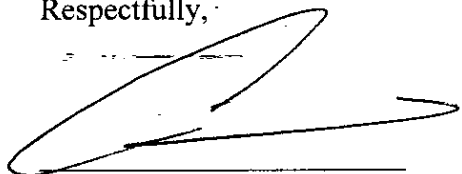
Re: Blanche's Place, Inc.  
Document # N02000000953  
FEIN # 43-1950796

Dear Sirs:

The Corporation referenced above did not receive its annual Uniform Business Report for 2003 and, as a result, has been erroneously dissolved. Please find enclosed a completed Application for Reinstatement and a check for \$61.25.

Because the original form was never received and cannot be found anywhere, we respectfully request that you waive any additional charges, especially due to the fact that this is a non-profit corporation.

Respectfully,



Carlos E. Garcia, CPA, P.A.

Enclosures