

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 FEB 13 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *N96000000380*

1. Corporation Name
Blaze Junior Volleyball Club Inc.

REINSTATEMENT 03-04

500028733345
02/13/04--01037--001 **245.00

2. Principal Office Address
253 Deerwood Cir

3. Mailing Office Address
Same

Suite, Apt. #, etc.
Middleburg

Suite, Apt. #, etc.
Same

4. Date Incorporated or Qualified
To Do Business in Florida *1-18-96*

City & State
FL

City & State
FL

5. FEI Number
593384926

Zip
32068

Country
US

Zip

Country

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Sue Ellen Patrick

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

Suite, Apt. #, Etc.

City
Middleburg

State
FL

Zip Code
32068

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 *Sue Ellen Patrick* Date *1-08-04*
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
PD	<i>Jim Hughes</i>	<i>3411 Shencadeah</i>	<i>Orange Park FL 32073</i>
TSP	<i>Sue Ellen Patrick</i>	<i>253 Deerwood Cir</i>	<i>Middleburg FL 32068</i>
TD	<i>Carrie Pruitt</i>	<i>5089 N Chicory</i>	<i>Middleburg FL 32068</i>

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: *Sue Ellen Patrick* Date *2-8-04* Daytime Phone # *904-272-2099*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)

February, 8, 2004

Florida Department of State
Secretary of State
Division of Corporations
Corporate Filings
P. O. Box 6327
Tallahassee, Fl
32314

RE: Corporation Reinstatement

Last year, I sent in The Annual Report Form probably in February and I sent the appropriate fee with the form. I did not receive a notice telling me that you had not received the form. I was looking up something else on the computer and found our corporation is inactive. I would like a reinstatement for our club.

Please let me know what I need to do to become reinstated. I am enclosing a reinstatement form. Please let me know if that is all I need and let me know how much it will cost to get reinstated.

Thank you,



Sue Ellen Patrick

Blaze Junior Volleyball Club Inc. Doc # N96000000380

253 Deerwood Circle

Middleburg, Fl 32068