


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *N97000003207*

1. Corporation Name

FLORIDA TRAIL BLAZERS INC.

2. Principal Office Address

44 KANTAGREE TRAIL

Suite, Apt. #, etc.

3. Mailing Office Address

44 KANTAGREE TRAIL

Suite, Apt. #, etc.

City & State

OSTEEN, FL

City & State

OSTEEN, FL

Zip

32764

Country

U.S.

Zip

32764

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

06/02/1997

5. FEI Number

59-3407626

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

DEBRA S. TANNER

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

44 KANTAGREE TRAIL

Suite, Apt. #, Etc.

City

OSTEEN

State

FL

Zip Code

32764

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

Debra S. Tanner

Date *7 OCT 05*

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
TD	DEBRA S. TANNER	44 KANTAGREE TRAIL	OSTEEN, FL 32764
PD	CLARA CAPPS	927 CLIFTON RD.	DELEON SPRINGS, FL 32130
VD	DEBBY DEARDORFF	3468 KILBEE ST.	MIMS, FL 32754
SD	ROBIN WILLIAMS	103 KENSINGTON ST.	EUSTIS, FL 32726
D	MIKE BLANKENSHIP	18088 SE 175TH ST.	UMATILLA, FL 32784
D	DONNA HARGRAVE	P.O. BOX 531	ALTOONA, FL 32702

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:

Debra S. Tanner *DEBRA S. TANNER* *7 OCT 05* *407356 4102*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

D WILLIAM GRAHAM 1490 DAROCA DR. DELTONA, FL 32725

D KEVIN COMEAU 36328 FOXWOOD DR. EUSTIS, FL 32726