

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-11/07/01--01063--008
*****750.00 *****750.00

2001

DOCUMENT # P00000068122

1. Corporation Name

Blackburn DWS, Inc.

2. Principal Office Address

4165 North Highway 17/92

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sanford, FL

City & State

Zip

Country

Zip

Country

32773

USA

4. Date Incorporated or Qualified
To Do Business in Florida

August 2000

5. FEI Number

59-3658034

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

Leonard H. Johnson

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

37837 Meridian Avenue, Suite 314

Suite, Apt. #, Etc.

Suite 314

City

Dade City

State

FL

Zip Code

33525

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

Leonard H. Johnson

REGISTERED AGENT MUST SIGN

Date 10/31/01

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
D	William B. Blackburn	8518 Milano Drive #20210	Orlando, FL 32810
P	W. Matthew Blackburn	4206 Emperado Street	Tampa, FL 33629
S	Michael Ulizio	3102 West Horatio Street #24	Tampa, FL 33609

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael J. Ulizio

10/30/01

Date

813-784-0117

Daytime Phone #