

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

CORPORATION  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

03 JAN -6 AM 9:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000096356

1. Corporation Name

THE BLAPHOUSE GROUP INC

2. Principal Office Address

3549 COCO PALM DR

Suite, Apt. #, etc.

City & State

PALM CITY, FL

Zip

34990

Country

USA

3. Mailing Office Address

3549 COCO PALM DR

Suite, Apt. #, etc.

City & State

PALM CITY, FL

Zip

34990

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

10/12/2000

5. FEI Number

65-1047385

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

PALLAVICINI, ALEJANDRO

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

3549 COCO PALM DR

Suite, Apt. #, Etc.

City

PALM CITY

State

FL

Zip Code

34990

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

Date 12/29/2002

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 / Street / Zip
PR	ALEJANDRO PALLAVICINI	3549 COCO PALM DR	PALM CITY, FL 34990

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

12/29/2002

Date

772-221-8135

Daytime Phone #

25 118

PALM CITY FL DEC 29<sup>TH</sup>, 2002

DIVISION OF CORPORATIONS  
ANNUAL REPORT/ REINSTATEMENT SECTION  
P.O. BOX. 6327  
TALLAHASSEE, FL 32314-6327.

GENTLEMEN:

ENCLOSE YOU WILL FIND THE REINSTATEMENT FORM FOR OUR  
CORPORATION NAMELY THE BLAPHOUSE GROUP INC, THAT  
WAS DISOLVE ON 9-21-001.

WE REVER RECEIVED THE UBR FORM FROM THE STATE FOR 2001 AND 2002  
AND WE RECENTLY FIND THAT THE CORP HAVE BEEN DISOLVE BY THE  
STATE, OBVIOUSLY PROBABLY THESE FORMS WERE LOST ON THE  
MAIL AND WE NEVER RECEIVED IT.

ALSO WE ARE ENCLOSING TOGHETER WITH THE FORMS FOR BOTH YEARS  
OUR CHECK FOR \$ 300.00 US DOLLAR, THAT WE RESPECTFULLY REQUEST  
THAT THE STATE REINSTATE OUR SMALL CORP BECAUSE OTHERWISE WE  
WILL BE SUFFERING A GREAT HARSHIP.

THANKING YOU IN ADVANCE WE REMAIN

YOURS VERY TRULY

THE BLAPHOUSE GROUP INC

ALEJANDRO PALAVICINI  
PRESIDENT