

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 FEB -9 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000017090

1. Corporation Name

Block Out Corporation

2. Principal Office Address

6868 SW 42 St

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33155

Country

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

2/14/01

5. FEI Number

65-1153032

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

George Saenz

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

45 SW 24 Road

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33129

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

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
P	Gerardo Martinez	6868 SW 42 ST	Miami, FL 33155

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

Date

Daytime Phone #

CR2E081 (10/02)

Block Out Corporation
6868 SW 42 St
Miami, Florida 33155

January 27, 2004

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

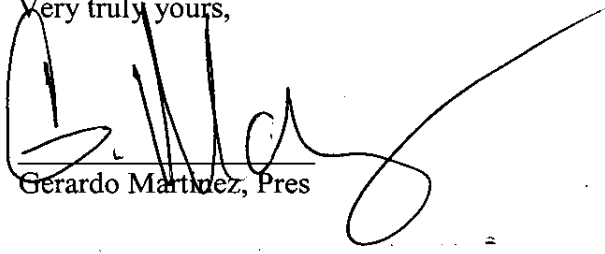
Re: Block Out Corp Doc #P01000017090

Dear Gentlemen:

Enclosed please find the 2004 Application For Reinstatement for the above-referenced corporation. Also enclosed is a check for \$450 to cover the annual report fees for 2002, 2003 and 2004. With respect to the late fees I respectfully request that they be waived. The original annual report for 2002 was not received most likely due to a change of address. I apologize for this oversight and appreciate your cooperation and understanding in this matter.

Should you have any questions, please do not hesitate to call at 305-856-4924.

Very truly yours,



Gerardo Martinez, Pres