

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

05 SEP 30 AM 10:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **PD 1000027171**

1. Corporation Name

BLUE RIDGE VILLAGE, INC.

2. Principal Office Address

2109 E. Palm Avenue

Suite, Apt. #, etc.

Suite 206

City & State

Tampa, Florida

Zip

33605

Country

USA

3. Mailing Office Address

2109 E. Palm Avenue

Suite, Apt. #, etc.

Suite 206

City & State

Tampa, Florida

Zip

33605

Country

USA

CR2E081 (8/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

03/14/2001

5. FEI Number

90-0092358

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

Thomas J. McMullen, Jr

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

2109 E. Palm Avenue

Suite, Apt. #, etc.

Suite 206

City

Tampa

State

FL

Zip Code

33605

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

*Thomas J. McMullen, Jr.*  
REGISTERED AGENT MUST SIGN

Date 09/30/05

**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	Thomas J. McMullen, Jr.	2109 E. Palm Avenue, Suite 206	Tampa, Florida 33605

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:

*Thomas J. McMullen, Jr.*  
*Thomas J. McMullen, Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/30/05

Date

813-247-2828

Daytime Phone #

**BLUE RIDGE VILLAGE, INC.**  
**2109 E. PALM AVENUE, SUITE 206**  
**TAMPA, FLORIDA 33605**  
**813-247-2828 TEL**  
**813-247-3326 FAX**

September 30, 2005

Ms. Gretchen Harvey  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**SUBJECT: ANNUAL REPORT FILINGS—BLUE RIDGE VILLAGE, INC.—**  
**DOCUMENT NUMBER P01000027171**


Dear Ms. Harvey:

Thank you for speaking with me.

Blue Ridge Village, Inc. did not get its prior notice from the Division for the 2002, 2003, 2004, and 2005 filings. Accordingly, we request that the Division waive the late fees, penalties, and fines. Attached, please find the 2005 CORPORATION REINSTATEMENT form in lieu of the applicable annual reports.

We appreciate your help.

Respectfully,

  
Thomas J. McMullen, Jr.  
It's President