

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 15 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-03
700023831757
10/15/03--01075--033 **908.75



**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000034455

1. Corporation Name

Blinstrub Financial Services, Inc.

2. Principal Office Address

1580 Wells Rd.

3. Mailing Office Address

1580 Wells Rd.

Suite, Apt. #, etc.

Suite 9

Suite, Apt. #, etc.

Suite 9

City & State

Orange Park, FL

City & State

Orange Park, FL

Zip

32073

Country

USA

Zip

32073

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/02/2001

5. FEI Number

59-3712573

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 M. Blinstrub

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

1580 Wells Rd.

Suite, Apt. #, Etc.

Suite 9

City

Orange Park

State
FL

Zip Code
32073

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

REGISTERED AGENT MUST SIGN

Date 10-10-2003

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 |
|--------|-----------------------------------|--|-----------------------|
| PTD | Thomas M. Blinstrub | 1580 Wells Rd. Suite 9 | Orange Park, FL 32073 |
| VD | Lea M. Blinstrub | 1580 Wells Rd. Suite 9 | Orange Park, FL 32073 |
| SD | Michael P. Blinstrub | 1580 Wells Rd. Suite 9 | Orange Park, FL 32073 |
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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

10/10/03

Date

904-278-1100

Daytime Phone #

CR2E081 (10/02)

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