

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 29 PM 6:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000047839

1. Corporation Name

BLACKOUTS, INC.

Principal Place of Business

2581 JUPITER PARK DRIVE STE F-17
JUPITER FL 33458

Mailing Address

2581 JUPITER PARK DRIVE STE F-17
JUPITER FL 33458

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/08/2001

5. FEI Number

651103194

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	MONE, MARK	6549 CHASEWOOD DR UNT F	JUPITER FL 33458
D	MASTANDREA, STEPHEN	17926 126 TERR. NORTH	JUPITER FL 33478
D	FATONE, JOSEPH A JR	2746 WOODRUFF DR	ORLANDO FL 32821

7000008645807
10/29/02--01043--021 **150.00

8. Name and Address of Current Registered Agent

STRASSBURGER, ERIC
2581 JUPITER PARK DRIVE STE F-17
JUPITER FL 33458

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/21/02

11. 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/02 (561) 748-8074
Date Daytime Phone #

CR2E040 (8/02)

2082

BLACKOUTS, INC.

2581 Jupiter Park Dr.
Suite #F-18
Jupiter, FL 33458

October 21, 2002

Department of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: 2002 Uniform Business Report

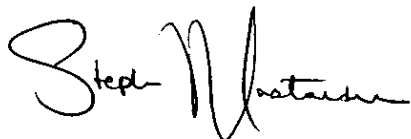
Dear Sirs:

Blackouts, Inc. never received its 2002 Uniform Business Report. It appears to be due to an incorrect principal mailing address. I have enclosed a check for the non-penalty registration fee and changed the mailing address on your preprinted reinstatement form. We greatly appreciate the official correction of our mailing address and your courtesy in waiving any associated penalty fees. Thank You Very Much.

Sincerely,



Mark Mone, President.



Stephen Mastandrea, Vice President