## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

**DIVISION OF CORPORATIONS** 

|                                |                                |                                |                                |                                |                        |                               |                          |                         |                          |  |  |   |  |   |                           |   |         |         |   |   |   |                        |                         |                               |  |  |   |   |                               |                                |                                |  |                                |                       | $\mathbf{Q}\mathbf{C}$ | l |
|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|------------------------|-------------------------------|--------------------------|-------------------------|--------------------------|--|--|---|--|---|---------------------------|---|---------|---------|---|---|---|------------------------|-------------------------|-------------------------------|--|--|---|---|-------------------------------|--------------------------------|--------------------------------|--|--------------------------------|-----------------------|------------------------|---|
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| DOCUMENT# FUTUUUU47638         | DOCUMENT# <b>FUTUUUU4703</b> 8 | DOCUMENT# <b>FUTUUUU4/038</b>  | DOCUMENT# <b>FUTUUUU4703</b> 8 | DOCUMENT# FUTUUUU47638         | DOCUMENT# FUTUUUU47008 | DOCUMENT# FUTUUUU47038        | DOCUMENT# FUTUULUH/0.38  | DOCUMENT# PUTULUMA/0.79 | DUCUMENT# PUTULUMA/0.79  | DUMUNICIA I PUTULURI I I I I I I I I I I I I I I I I I I | DUMUNICIA I PUTULURI I I I I I I I I I I I I I I I I I I | 1 / / / / / / / /                       | N  | N. N. N. N. N.                          | N                         | 1 N N N N N N N N N N N N N N N N N N N |         |         |   |   |   |                        |                         |                               |  | '  | 1 1/  | 17/7/21 INJEKIT #   13/74/7/4/7/7/7/20/20 | DOCHMENT# DOTOMON/7098        | DOCHMENT# DO1000017000         | DOCHMENT# DO1000017000         | DOCHMENT# DO100047990                    | DOCHMENT# DO1000017000         |                       |                        |   |
| DOCUMENT# <b>PUTUUUU4/03</b> 8 | DOCUMENT# PUTUUUU47038         | DOCUMENT# <b>PUTUUUU4/03</b> 8 | DOCUMENT# <b>PUTUUU4703</b> 8  | DOCUMENT# <b>PUTUUUU4/03</b> 8 | DOCUMENT# PUTOUUU47039 | DOCUMENT# PUTOUUU47039        | DOCUMENT# PUTULUATOS     | DOCUMENT# PUTULUATAAA9  | DOCUMENT# PUTULUMA/A.19  | DUGUNENI# PUTUUNAA/A.19                                  | DUGUNENI# PUTUUNAA/A.19                                  | 17.7.7.114 <b>PULLILIEM A.76.39</b>     | 177771111 # <b>PULLILINGA/6.39</b>         | I X X X X X X X X X X X X X X X X X X X | N. N. N. N. N. C. N. L. # | 1                                       | 1       | 1       | ' |   |   |                        |                         |                               |  |  | 1   | [7/7/7]                                   | DOCHMENT #   DOTOMONATON      | DOCHMENT # DO1000017000        | DOCHMENT# DO1000017000         | DOCHMENT# DO1000017000                   | DOCHMENT # DO1000017000        |                       |                        |   |
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1. Corporation Name

BLACKOUTS, INC.

Principal Place of Business

Mailing Address

2581 JUPITER PARK DRIVE STE F-17 JUPITER FL 33458

2581 JUPITER PARK DR., #F-18 JUPITER FL 33458

FILED

03 OCT 28 AM 8:51

SECRETARY OF STATE TALLAHASSEE, FLORIDA

REINSTATEMENT

| 2000004100442 |
|---------------|

| If above a   | ddresses are   | incorrect in any way, line th         | rough incorrect i                     | nformation a  | and enter   | correction below.                           | 20<br>16/28        | 10024196<br>/0301018004    | 442<br>**150.00   |
|--------------|----------------|---------------------------------------|---------------------------------------|---------------|-------------|---|--------------------|----------------------------|---|
|              |                | Address, If Applicable                | 3. New Mail                           |               | _           |   | 4. Date Incorp     | orated or Qualified        | 05/08/2001  |
| Suite, Apt.  | t, etc.        |                                       | Suite, Apt. #,                        | etc.          |             |   | 5. FEI Number      |                            | Applied For   |
| City & State | •              |                                       | City & State                          |               |             |   |                    | 65-1103194                 | Not Applicable  |
| Zip          |                | Country                               | Zip                                   |               | Country     | <u> </u>                                    | 6.<br>CERTIFICATE  | OF STATUS DESIRED 🗆        | S8.75 Additional Fee required for a Certificate of Status |
| 7. Names a   | and Street Add | dresses of Each Officer and           | or Director (Flo                      | rida nonpro   | fit corpora | tions must list at lea                      | st 3 directors)    |                            |   |
| Title(s)     | 2              | Name of Officers and/or Directors     |                                       | 3             |             | eet Address of Each<br>icer and/or Director |                    | City /                     | State / Zip   |
| D            | MONE, MA       | RK                                    |                                       | 6549 CH       | ASEWO(      | DD DR UNT F                                 |                    | JUPITER FL 33458           |   |
| D            | MASTAND        | REA, STEPHEN                          |                                       | 17926 12      | 26 TERR.    | NORTH                                       |                    | JUPITER FL 33478           |   |
| D            | FATONE, J      | OSEPH A JR                            | <del>-</del>                          | 2746 WC       | ODRUF       | - DR  |                    | ORLANDO FL 32821           |   |
|              |                |                                       | · · · · · · · · · · · · · · · · · · · |               |             |   |                    |                            |   |
|              |                | <del></del>                           |                                       |               |             |   |                    |                            |   |
| ·            | ······         | · · · · · · · · · · · · · · · · · · · |                                       |               |             | <del></del>                                 | <u></u>            |                            |   |
|              | 0 11           |                                       | <u> </u>                              |               |             |   | O. Name and        | Address of New Registers   | ad 8  |
|              | 8. Nam         | e and Address of Current              | Hegistered Age                        | ent .         |             | Name  |                    | Address of New Registers   | -d Agent  |
| STRAS        | SBURGER, I     | ERIC                                  |                                       |               |             | Street Address (P                           | O Box Number       | is Not Acceptable)         |   |
|              |                | RK DRIVE STE F-17                     |                                       |               |             | <u> 17420</u>                               | (20,               | Tenner 1                   | Nonah   |
| JUPITE       | R FL 33458     |                                       |                                       |               |             | Suite, Apt. #, Etc.                         |                    |                            |   |
|              |                |                                       | <u>-</u>                              | <del></del>   | <u>.</u>    | JO61154                                     | 1                  | Sta F                      | ate Zip Code  |
| 10. I, being | appointed the  | e registered agent of the abo         | ove named corpo                       | oration, am f | amiliar wi  | th and accept the ob                        | ligations of Secti | on 607.0505, F.S. or 617.0 | 505, F.S.   |
| Signature o  | f<br>Agent     |                                       |                                       | 0             | (1) N       | 100   |                    | Date XX 7                  | 2,2023  |

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 filling 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.

AGENT MUST SIGN

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

## BLACKOUTS, INC.

| 2581 Jupiter Park Dr. 100 May 200 May |
|---|
| Suite #F-18 Jupiter, FL 3348  |
| October 17, 2003  |
| Division of Corporations  Reinstatement Office  |
| PO Box 6327. Talahassee, FL 32314   |
| Dear Sirs:  |
|   |
| Blackouts Inc. has not received any notices regarding the Uniform Business Report. I did kindly request that the address of the principal place of business be changed to 2581 Jupiter Park Drive #F18 last year and is mostly likely the source of any miscommunication. Therefore, I kindly ask that the penalty fees be waived for these circumstances. Enclosed is your check for the filing fee. Thank You Very Much.  |
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RECIEVED