

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 28 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000047839

1. Corporation Name

BLACKOUTS, INC.

REINSTATEMENT 03



200024196442
10/28/03--01018--004 **150.00

Principal Place of Business

2581 JUPITER PARK DRIVE STE F-17
JUPITER FL 33458

Mailing Address

2581 JUPITER PARK DR.. #F-18
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

65-1103194

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
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

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: STEPHEN MASTANDREA
Street Address (P.O. Box Number is Not Acceptable): 17926 126 TERR. NORTH
Suite, Apt. #, Etc.:
City: JUPITER State: FL Zip Code: 33478

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]
REGISTERED AGENT MUST SIGN

Date: OCT 23, 2003

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

BLACKOUTS, INC.

2581 Jupiter Park Dr.
Suite #F-18
Jupiter, FL 3348

October 17, 2003

Division of Corporations
Reinstatement Office
PO Box 6327
Tallahassee, 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.

For any questions you may have, please feel free to call me at (561) 748-8074, Monday through Friday 10am through 6pm. Thank you very much.

Sincerely,

Stephen Mastandrea, VP

RECIEVED _____