

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 DEC 13 PM 2:44

SECRETARY OF STATE
JAIL MIAMI
300008835013
11/06/02--01117--010 **750.00

DOCUMENT # P01000057498

1. Corporation Name

BLANER CORPORATION

Principal Place of Business

Mailing Address

~~201 SOUTH BISCAYNE BOULEVARD~~
~~10TH FLOOR~~ 675 NW 42 Ave
MIAMI FL 33131 33126

~~201 SOUTH BISCAYNE BOULEVARD~~
~~10TH FLOOR~~ 675 NW 42 Ave
MIAMI FL 33131 33126



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

2. New Principal Office Address, If Applicable

ELVIRA M. DIAZ

Suite, Apt. #, etc. 675 NW 42 Ave

City & State Miami, FL

Zip 33126 Country Dade

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/11/2001

5. FEI Number

65-1141758

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	WEILL, KENNETH J	201 SOUTH BISCAYNE BOULEVARD 10T	MIAMI FL 33131
P	ELVIRA M DIAZ	675 NW 42 Ave	Miami, FL 33126
V/P	DANIEL E DIAZ	675 NW 42 Ave	Miami, FL 33126

8. Name and Address of Current Registered Agent

~~WEILL, KENNETH J~~
~~201 SOUTH BISCAYNE BOULEVARD~~
~~10TH FLOOR~~
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name

N/A ELVIRA M DIAZ

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

675 NW 42 Ave

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33126

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

10/30/02

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Elvira M Diaz 10/30/02 305-301
Date Daytime Phone # 7706

CR2E040 (9/02)