

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P01000059287

1. Corporation Name

BLACKSTONE INTERNATIONAL INC.

Principal Place of Business

Mailing Address

710 6TH AVE.
BROOKLYN NY 11215

710 6TH AVE.
BROOKLYN NY 11215

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country
Zip	Country

4. Date Incorporated or Qualified
To Do Business in Florida **06/11/2001**

5. FEI Number **11-3619585** 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
P/D	ODONOGHUE, CLEMENT L	1014 COLUMBUS AVE.	LEHIGH ACRES FL 33972
D	UWE, BERNDT	AM VOGELTAR 22	MUNNERSTADT 97702 GERMANY
S	PARKINSON, Shauna	116-23 146th Street	QUEENS, NY 11436
		400027709524 01/28/04-01017--025 **\$300.00	
		400027709524 01/28/04-01017--026 **\$750.00	

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ODONOGHUE, CLEMENT L.
1014 COLUMBUS AVE.
LEHIGH ACRES FL 33972

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

Clement L. Odonoghue
REQUIRED
REGISTERED AGENT MUST SIGN

Date

01/16/04

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

01/16/04 (347) 645-2925
Date Daytime Phone #