

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000075240

1. Entity Name
BLANCHARD MANAGEMENT, INC.



APPROVED
AND
FILED

05 MAY -4 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**5201 AVE LACROSSE
LUTZ, FL 33558**
**1242 ACAPPELLA LANE
APOLLO BCH FL 33572**

Mailing Address
**5201 AVE LACROSSE
LUTZ, FL 33558**
SAME

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

04282005 REIN-P CR2E098 (6/04)

4. FEI Number
59-3734682

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**BLANCHARD, JEFFREY B
5201 AVE LACROSSE
LUTZ, FL 33558**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
REINSTATEMENT 04-05
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLANCHARD, JEFFREY B 5201 AVE LACROSSE LUTZ, FL 33558 1242 Acappella Ln 33572 Apollo Bch FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400054669474 05/17/05--01033--008 **900.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLANCHARD, MARIANNE O 5201 AVE LACROSSE LUTZ, FL 33558 1242 Acappella Ln Apollo Bch FL 33572	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **JEFFREY BLANCHARD** 4/25/05 813 629 1750
Typed or printed name of signing officer or director Date Daytime Phone #