

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG 26 AM 10:07

DOCUMENT # P02000011476

1. Corporation Name

BLL APPLICATIONS INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700040646177
08/30/04--01080--001 **150.00

2. Principal Office Address

2851 Lawson Lane

Suite, Apt. #, etc.

3. Mailing Office Address

2851 Lawson Lane

Suite, Apt. #, etc.

City & State

Cantonment, FL

City & State

Cantonment, FL

Zip

32533

Country

USA

Zip

32533

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

JAN 31 2002

5. FEI Number

010584092

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Brian Lee Leno

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

2851 Lawson Lane

Suite, Apt. #, Etc.

City

Cantonment FL

State

FL

Zip Code

32533

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

8-16-04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PVTD	Brian Lee Leno	2851 Lawson Ln	Cantonment FL 32533

10. 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)(f), 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:

Brian Leno

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-16-04

Date

850-587-3259

Daytime Phone #

CR2E031 (01/04)

(2)

Attn. Margitta Williams

To whom it may concern,
BLL Applications Inc, did not receive
the 2003 Annual report. If allowed
BLL Applications Inc would like to have
the late fee waived. Enclosed is the
reinstatement form and a check for
the 2004 annual report. written correspondence
has not been returned.

Thank You,

Brian Leroy

Pres, Owner BLL Application Inc