

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

pay 112

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 10 AM 8:00

DOCUMENT # **P02000074461**

1. Corporation Name

BLENDER TENDER, INC.

REINSTATEMENT *03*

Principal Place of Business

Mailing Address

15836 NORTH DALE MABRY HWY
TAMPA FL 33618

C/O HARTMAN AND HARTMAN CPAS PA
11404 1/2 N 56TH ST
TAMPA FL 33617



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

4. Date Incorporated or Qualified
To Do Business in Florida

07/09/2002 MRS

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

22-3856831

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	PEAVY, TAMMY	15836-N DALE MABRY HWY 15788	TAMPA FL 33617 33617

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PEAVY, TAMMY
15836 N DALE MABRY HWY
TAMPA FL 33618

15788

Name

Tammy Peavy

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

same

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

11/14/3

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

Date

Daytime Phone #

11/14/3

CR2ED40 (7/03)

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Smoothie King #129
13106 N. Dale Mabry Hwy.
Tampa, FL 33618
phone 813.963.6480
fax 813.908.5704

Smoothie King #58
15788 N. Dale Mabry Hwy.
Tampa, FL 33618
phone 813.963.5581
fax 813.908.5704

I Did not Receive
- Correspondence from
Secretary of State.

Dated July 14 2003

Requesting corrections to be
made by me.

I also never received the
UBK from the first
place. I sent this
check to clear it up & feel
as though my fee should
be waived

Tammy Peay
(813) 7863123