

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 21 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000121604

1. Corporation Name
R.J. Blumford Group, Inc.

2. Principal Office Address
4392 Philips Hwy.

Suite, Apt. #, etc.

City & State
Jacksonville, FL.

Zip 32207 Country DUAL

3. Mailing Office Address
4392 Philips Hwy.

Suite, Apt. #, etc.

City & State
Jacksonville, FL.

Zip 32207 Country DUAL

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida 11.12.02

5. FEI Number
36-4513968

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$9.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Stanley Lamar Sanford

Street Address (P.O. Box Number is Not Acceptable)
5951 Clifton Ave.

Suite, Apt. #, Etc.

City
Jacksonville

State FL Zip Code 32211

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 Stanley L. Sanford

Date 10.14.03

REGISTERED AGENT MUST SIGN

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
<u>Pres.</u>	<u>Stanley Lamar Sanford</u>	<u>5951 Clifton Ave</u>	<u>Jacksonville, FL 32211</u>

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: Stanley L. Sanford Stanley L. Sanford

10.14.03

904-851-6246

Date

Daytime Phone #

CR2E081 (10/02)

2/11/22