


2005 FOR PROFIT CORPORATION REINSTATEMENT

4/30/04 - 90224 - 040 - \$150

DOCUMENT # P03000057241		
1. Entity Name BLACKFISH, INC.		

Principal Place of Business 2985 N. OCEAN BLVD GULF STREAM, FL 33483	Mailing Address 2985 N. OCEAN BLVD GULF STREAM, FL 33483
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2. Principal Place of Business 335 OLD SCHOOL ROAD Suite, Apt. #, etc.	3. Mailing Address 1301 VIRGINIA DR 110
City & State GULF STREAM, FL	City & State FORT WASHINGTON, PA
Zip 33483	Zip 19034

FILED
05 JUN -1 AM 10: 58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05112005 REIN-P CR2E098 (6/04)

4. FEI Number 57-1168395	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GALE, PAUL 2985 N. OCEAN BLVD GULF STREAM, FL 33483	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: Paul GALE 5-25-05 561-330-2468
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Gocial Gerstein, LLC *certified public accountants*

May 18, 2005

Florida Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

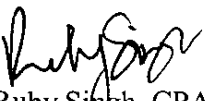
Re: Blackfish, Inc
P03000057241

Dear Sir/Madam:

Enclosed please find the 2005 For Profit Corporation Reinstatement Form for Blackfish, Inc. and a check in the amount of \$150 to cover the cost of the reinstatement fee. We did not receive any notices sent in 2004 and 2005. We did mail the 2004 return on April 29, 2004 with a check in the amount of \$150 to cover the fee. Please reinstate the account and waive any penalties.

If you have any questions, please do not hesitate to contact us. Thank you for your assistance in this matter.

Yours truly,


Ruby Singh, CPA

enclosures