

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000133265

1. Entity Name
BLEVINS R.V., INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 OCT 28 PM 4:49

Principal Place of Business
1609 BEACHWOOD DRIVE
NORTH FT MYERS, FL 33903

Mailing Address
1609 BEACHWOOD DRIVE
NORTH FT MYERS, FL 33903



2. Principal Place of Business

3. Mailing Address

Home
Suite, Apt. #, etc.

1609 Beachwood Dr
Suite, Apt. #, etc.

10192004

REIN-P

CR2E098 (6/04)

City & State

Fort Myers Fla

City & State

Fort Myers Fla

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

33903

Country

Lee

Zip

33903

Country

Lee

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLEVINS, DAVID
1609 BEACHWOOD DRIVE
NORTH FT MYERS, FL 33903

7. Name and Address of New Registered Agent

Name

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

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

David O. Blum

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME BLEVINS, DAVID
STREET ADDRESS 1609 BEACHWOOD DRIVE
CITY-ST-ZIP NORTH FT MYERS, FL 33903

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 800042280478
CITY-ST-ZIP 10/28/04--01028--018 **150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

David O. Blum

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone: #

11/2/04