

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FILED

2006 OCT 12 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000133265

1. Corporation Name

BLEVINS R.V.INC.

04/04/05 90067 006 1500
10/04/06 01039 004
1500

2. Principal Office Address

1609Beachwood Dr.

3. Mailing Office Address

1609Beachwood Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

N.FT.Myers,FL.

City & State

N.FT.Myers,FL.

Zip

33903

Country

Lee

Zip

33903

Country

Lee

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEE Number

500013130

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

David Blevins

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

1609Beachwood Dr.

Suite, Apt. #, Etc.

City

N.FT.Myers,FL.

State

FL

Zip Code

33903

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

David Blevins

REGISTERED AGENT MUST SIGN

Date

10/6/06

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
P	David Blevins	1609Beachwood Dr.	N.FT.Myers,FL.

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 contained in Chapter 119, 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:

David Blevins

Oct 06 06

1-239-851-1264

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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BLEVINS R.V.INC.
1609 BEACHWOOD DR.
NT.FT. MYERS FL.33903
FAX 239-458-5690
OFFICE 239-458-1315
CELL 239-851-1264

TO WHOM IT MAY CONCERN

PER PHONE CALLED WITH THIS OFFICE. I DID
NOT RECEIVE REJECT NOTICE FOR ANNUAL
REPORT 2005 OR ANY OTHER
CORRESPONDENCE FROM THE FLORIDA
DEPARTMENT STATE DIVISION
CORPORATION.PLEASE REISTATE WITHOUT
PENATY. 10/4/2006

DAVID BLEVINS

David Blevins
10/10/6