

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 OCT -6 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

PO40000005833

BLADE WINDOW & DOOR COMPANY

2. Principal Office Address - No P.O. Box #

6356 Walk Circle

Suite, Apt. #, etc.

City & State

Boca Raton FL

Zip

33433

Country

US

3. Mailing Office Address

6356 Walk Circle

Suite, Apt. #, etc.

City & State

Boca Raton FL

Zip

33433

Country

US

400161387334

10/06/09--01025--011 **450.00

REINSTATEMENT 07-09

4. Date Incorporated or Qualified
To Do Business in Florida

1-09-04

5. FEI Number

900150734

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 A Blade

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

100806 Cypress Grove Ln.

Suite, Apt. #, Etc.

APT # 307

City

Pompano Beach

State

FL

Zip Code

33069

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date

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 | Seth Blade | 6356 Walk Cir. | Boca Raton FL 33433 |
| VP | Michael Blade | 6356 Walk Cir. | Boca Raton FL 33 |
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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:

Seth Blade Seth Blade

10-5-09

Date

562 715-6897

Daytime Phone #