

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P04000135654</b>	
1. Entity Name <b>JAMES H. BLUM, INC. GENERAL CONTRACTOR</b>	

FILED

07 OCT 22 PM 2:54

183

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10172007 REIN-P CR2E098 (1/07)

Principal Place of Business <b>2351 BISHOP DRIVE ALVA, FL 33920</b>	Mailing Address <b>2351 BISHOP DRIVE ALVA, FL 33920</b>
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2. Principal Place of Business - No P.O. Box # <i>Same</i>	3. Mailing Address <i>Same</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number <b>20-1677689</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>BLUM, JAMES H 2351 BISHOP DRIVE ALVA, FL 33920</b>	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$750.00**  
**After January 1, 2008, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete <b>BLUM, JAMES H 2351 BISHOP DRIVE ALVA, FL 33920</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>7/12/07 00091 003-#545.50</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>200111363462 10/25/07--01050--009 **200.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  **10-17-07 239-303-7814**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**Florida Walls, Inc.  
James H. Blum, Inc., General Contractor  
2351 Bishop Drive  
Alva, Florida 33920  
Office 239-303-7814 Fax 239-303-7815  
e-mail: FloridaWallsIn@aol.com**

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**October 17, 2007**

**Division of Corporations  
Reinstatement Section  
P O Box 6327  
Tallahassee, Florida 32314**

**ATTN: DEBRA STERLING**

**Re: Document #P04000135654 - James H. Blum, Inc**

**Dear Debra,**

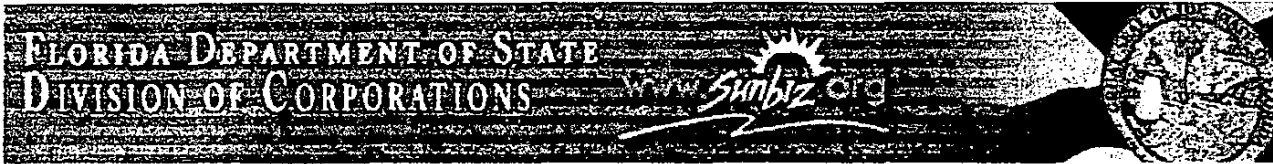
**Per our conversation today, please transfer the overpayment of \$550.00 from our company Document #P94000017200, Florida Walls, Inc. to our other account - Document #P04000135654, James H. Blum, Inc. I have enclosed a check in the amount of \$200.00 for the balance of the reinstatement fee.**

**If you need any further information, please contact me.  
Thank you for your assistance.**

**Sincerely,**

**Bobi Blum**

**attachments**



PAYMENT RECEIPT	
Transaction Amount:	\$550.00
Email Address:	FloridaWallsIn@aol.com
Date/Time Paid:	07/09/2007 13:22:05
Payment ID Number:	<del>XXXXXXXXXX</del>
Reference Number:	<del>XXXXXXXXXX</del>
<p>Thank you for using the  <b>LINK 2 GOV</b>                      Online Payment System.  <b>Print this receipt for your records.</b></p>	

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Continue

Debra -  
 I'm not sure what I did  
 when I pd these accounts  
 somehow I applied <sup>for</sup> payments  
 to Ed Walls - Please apply  
 this payment to JAMES H 750 Bhm Inc  
 as we discussed.  
 Thanks for your help.  
 Bahi