

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000002314

1. Entity Name  
BLEW BAYOU, INC.



FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

07 OCT 22 PM 2:46

Principal Place of Business  
19300 STATE RD 60 EAST  
LAKE WALES, FL 33898

Mailing Address  
19300 STATE RD 60 EAST  
LAKE WALES, FL 33898



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10162007 REIN-P CR2E098 (1/07)

4. FEI Number  
51-0533025

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name  
Deanna Nowling  
Street Address (P.O. Box Number is Not Acceptable)  
19300 SR 60 East  
City  
Lake Wales FL Zip Code  
33898

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

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

(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  
NOWLING, DEANNA  
19300 STATE RD 60 EAST  
LAKE WALES, FL 33898 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
V  
BREWER, ARTHUR  
19300 STATE RD 60 EAST  
LAKE WALES, FL 33898 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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TITLE  
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STREET ADDRESS  
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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition  
07/09/07--90044--001 \*\*550.00

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/16/07 823-692-1097

VP