

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 APR 27 AM 11:11

DOCUMENT # P05000097433

1. Corporation Name

BLAKOKE ENTERPRISES INC.

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

2331 NW 119TH STREET

Suite, Apt. #, etc.

#303

City & State

MIAMI FLA,

Zip

33167

Country

USA

3. Mailing Office Address

1016 NW 43RD STREET

Suite, Apt. #, etc.

City & State

MIAMI FLA

Zip

33127

Country

USA

500178049365
04/27/10--01017--014 **450.00

KS

REINSTATEMENT (09) **08-10**

4. Date Incorporated or Qualified
To Do Business in Florida **7/2005**

5. FEI Number

141876697

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

NADINE TAYLOR

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

1016 NW 43RD STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33127

☒ 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

Nadine Taylor
REGISTERED AGENT MUST SIGN

Date

4/23/10

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	JAMAL L TAYLOR	2331 NW 119TH STREET	MIAMI FLA 33167
S	AARON LYLES	2331 NW 119TH STREET	MIAMI FLA 33167
D	STANLEY ALBURY	988 NW 44TH STREEET	MIAMI FLA 33127
V	RICHARD MONTALVAN	2331 NW 119TH STREET	MIAMI FLA 33167

10. E-mail Address: **BLAKOKE@GMAIL.COM**

(To be used for future annual report notification)

11. 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. I further certify, 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

Jamal Taylor