2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED

09 JUL 29 AM 7:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000015772

1. Entity Name
BLADESPORT, INC.

Principal Place of Business	Mailing Address
4077 ORIENT DR. HERNANDO, FL 34607	4077 ORIENT DR. HERNANDO, FL 34607

REINSTATEMENT
06232009 CRBIN-P CR2E098 (1707) 6809

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

4. FEI Number: 20-4254303 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

JEFFRIES, DAVID M
101 E KENNEDY BOULEVARD
BANK OF AMERICA PLAZA, SUITE 3000
TAMPA, FL 33602-5884

7. Name and Address of New Registered Agent

Name: Jeffries, David m

Street Address (P.O. Box Number is Not Acceptable): 1227 N. Franklin Street

City: Tampa FL Zip Code: 33602

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] 7.22.09
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $900.00

700159015537
07/29/09--01037--007 **900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAWSON, STEPHEN J 4077 ORIENT DRIVE HERNANDO BEACH, FL 34607	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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] 7/22/09 312-804-5045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #