

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000009559

1. Entity Name
THE LAW OFFICE OF B. FLOURNOY BLANKS, P.A.



FILED
09 SEP 25 PM 4:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
910 S ADELLE AVE
DELAND, FL 32724

Mailing Address
P.O. BOX 2947
DELAND, FL 32721-2947

2. Principal Place of Business - No P.O. Box #
1565 Covered Bridge Dr
Suite, Apt. #, etc.
DeLand, FL
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State



09192009 REINSTATEMENT 08-09
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32724 Country
Volusia

Zip Country

4. FEI Number
26-0817027 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BLANKS, BEAULAH F ESQ.
910 S ADELLE AVE
DELAND, FL 32724

7. Name and Address of New Registered Agent

Name
Beulah F. Blanks, Esq.
Street Address (P.O. Box Number is Not Acceptable)
1565 Covered Bridge Drive
City Deland, FL Zip Code
32724

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
Beulah Flournoy Blanks

7/19/09
DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BLANKS, BEAULAH F
910 S ADELLE AVE
DELAND, FL 32724 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Blanks, Beulah F
1565 Covered Bridge Dr
DeLand, FL 32724 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000161054700
09/25/09--01050--005 **308.75 ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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: Beulah F. Blanks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/19/2009 386 956-0962
Date Daytime Phone #
386 943-6296