

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2011 DEC -7 PM 4:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P09000019317

1. Corporation Name

Blast Brands, Inc.

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

7777 Glades Rd.

3. Mailing Office Address

7777 Glades Rd.

Suite, Apt. #, etc.

100

Suite, Apt. #, etc.

100

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33434

Country

Zip

33434

Country

REINSTATEMENT

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

3/2/2009

5. FEI Number

300539178

☐ 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

Ben R. Hetfeld, Esq.

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

10620 Griffin Road

Suite, Apt. #, Etc.

106

City

Ft. Lauderdale

State

FL

Zip Code

33328

11/2/11

000214967240
12/07/11--01025--003 **750.00

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

BR Hetfeld

REGISTERED AGENT MUST SIGN

Date

10/10/2011

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	Richard C. Moreland	20027 Boca West Dr.	Boca Raton, FL 33434

10. E-mail Address:

(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., and 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. I am aware that false information submitted on a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Richard C. Moreland

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #