

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED  
FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 SEP 10 PM 12:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *P93000082904*

1. Corporation Name

Blacklidge Emulsions of Tampa, Inc.

*Handwritten mark*

2. Principal Office Address

828-B Pass Road

3. Mailing Office Address

828-B Pass Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gulfport, MS

City & State

Gulfport, MS

Zip

39501

Country

USA

Zip

39501

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

12/93

5. FEI Number

58-7342659

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 01-03**

**7. Name and Address of Current Registered Agent**

Name

David Beyer - Piper Rudnick LLP

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

101 E Kennedy Blvd

Suite, Apt. #, Etc.

Suite 2000

City

Tampa

State

FL

Zip Code

33602

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

*David Beyer*

REGISTERED AGENT MUST SIGN

Date *9-8-03*

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
Pres	Ronald W. Blacklidge, Sr	10740 Bayou Plantations	Gulfport, MS 39507
VP	Ronald W. Blacklidge, Jr	2739 Lost Channel	Biloxi, MS 39531
VP	R. Brittany Blacklidge	455 Courthouse Drive	Gulfport, MS 39507

10. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

*Ronald W. Blacklidge, Jr*

Ronald W. Blacklidge, Jr

9/5/03

(228)863-3878

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)