

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PA1000023806**

1. Corporation Name
CAREER BLAZERS RESUME SERVICES, INC.

Principal Place of Business

Mailing Address

**123 N.W. 13th St. - Suite #304-9
BOCA RATON, FL. 33432**

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SECRET
TALUZA FLORIDA

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****\$15.00 ****\$15.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

3/29/94

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0477452

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
DIRECTOR	BOBBI CORWIN	2800 S. OCEAN BLVD. #17-E	BOCA RATON, FL 33432
DIRECTOR	EUGENE CORWIN	2800 S. OCEAN BLVD. #17-E	BOCA RATON, FL 33432

SL-2-98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

EUGENE CORWIN
2800 S. OCEAN BLVD. #17-E
BOCA RATON, FL. - 33432

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Eugene E Corwin

REGISTERED AGENT MUST SIGN

Date **8/20/98**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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:

Eugene E Corwin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/20/98

Date

561-393-7078

Daytime Phone #

CAREER BLAZERS RESUMES

123 N.W. 13th Street Suite 304-9

Boca Raton, Florida 33432

561-393-7078

September 28, 1998

Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Dear Sirs::

This is to confirm that we never received the Annual Reports for the years 1996 and 1997.
The enclosed document and check is for reinstatement of the corporation.

Sincerely,

Eugene E. Corwin

Eugene E. Corwin
Director