

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 NOV -3 PM 4:09

11/4

DOCUMENT # P94000066407

1. Corporation Name

BLACKSTONE MORTGAGE COMPANY

Principal Place of Business

1050 W. GRANADA BLVD.
SUITE 3
ORMOND BEACH FL 32174
US

Mailing Address

1050 W. GRANADA BLVD.
SUITE 3
ORMOND BEACH FL 32174
US

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

2. New Principal Office Address, If Applicable

555 W. Granada Blvd.
Suite, Apt. #, etc.

310

City & State

Ormond Beach

Zip

32174

Country

Volusia

3. New Mailing Office Address, If Applicable

555 W. Granada Blvd.
Suite, Apt. #, etc.

310

City & State

Ormond Beach

Zip

32174

Country

Volusia

4. Date Incorporated or Qualified
To Do Business in Florida

09/06/1994

5. FEI Number

59-3263321

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PT	STEININGER, TERESA M	172 FAIRWAY DRIVE	ORMOND BEACH FL 32176

500002340075--2
-11/06/97--01055--006
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STEININGER, TERESA M
1050 W. GARNADA BLVD.
SUITE 3
ORMOND BEACH FL 32174

Name

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

555 W. Granada Blvd.

Suite, Apt. #, Etc.

310

City

Ormond Beach

State

FL

Zip Code

32174

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

Teresa M. Steinger

REGISTERED AGENT MUST SIGN

Date 10.30.97

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:

Teresa M. Steinger

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10.30.97

Date

904.677.5776

Daytime Phone #

CR2ED40 (8/97)