

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 NOV 15 AM 11:24

DOCUMENT # **P94000066407**

1. Corporation Name

**BLACKSTONE MORTGAGE COMPANY**

Principal Place of Business

Mailing Address

~~555 W. GRANADA BLVD B10~~  
~~ORMOND BEACH FL 32174~~  
US

555 W. GRANADA BLVD B10  
ORMOND BEACH FL 32174  
US



**REINSTATEMENT** 00

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

2. New Principal Office Address, If Applicable

1731 Ridgewood Av.

3. New Mailing Office Address, If Applicable

1731 Ridgewood Av.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

D

D

City & State

City & State

Holly Hill Fl.

Holly Hill Fl.

Zip

Zip

32117

32117

Country

Country

Volusia

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PTSV	LAWRENCE, JANET L	99 MAYFIELD CIRCLE	ORMOND BEACH FL 32174

300003496263--6

-12/12/00--01012--002

\*\*\*758.75 \*\*\*758.75

11/13/00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LAWRENCE, JANET L 555 W. GRANADA BLVD B10 ORMOND BEACH FL 32174	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, Etc.
	City
1731 Ridgewood Av.	1731 Ridgewood Av.
* D	D
Holly Hill, Fl.	Holly Hill
32117	FL 32117

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 SIGNATURE REQUIRED

Date 11.13.00

REGISTERED AGENT MUST SIGN

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., 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: SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11.13.00

Date

904.677.5774

Daytime Phone #

CR2E040 (8/00)