	PLEASE READ					ING THIS FORM.	the second of the second	
AP	PLICATION FOR,	A DEPARTME Sandra B. Mo Secretary of S	tham	FILED				
REINSTATEMENT DIVISION OF CORPORATIONS					97 JAN -2 PM 3: 36			
DOCUMENT # P9500007876 1. Corporation Name BL DAWSON, INC.					SECRETARY OF STATE TALLAHASSEE, FLORIDA			
4245-TRE	ace of Business TOPS-DR	ess FOPS-BR. RLOTTE FL 33953						
2. New Pri		ng Office Address, If	g Office Address, If Applicable 4. Date Incorp To Do Busin		STATEMENT Operated or Qualified ness in Florida 01/25/1995			
City & State City & State			L. Peckham st.		EIN 65		Applied For Not Applicable	
339	S2 USA	ha eloffe Countr	Country CERTIFICATE OF STATUS DESIRED S8.75 Additional F for a Certificate			Additional Fee required 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 Str and/or Directors Officer 2 3 (Do NOT Use			eet Address of Eacl icer and/or Director se Post Office Box I	h r Numbers)	City / State	/ Zip	
D .	DAWSON, BARBARA L 424			SBR. Pecicha	m st.	PORT CHARLOTTE FL 33953.		
1	:							
.g					4000020485146			
						-01/07/9701 ****375.00	112005 ****375.00	
						Jh1-2-	97	
8. Name and Address of Current Registered Agent Name					. 9. Name and A	ddress of New Registered Agr		
DAWSON, BARBARA L 4245 TREETOPS DR. 119 S.E. Pecicham St.				Street Address (P.O. Box Number is Not Acceptable) Suite. Apt. #. Etc.				
				Suite, Apt. #, Etc.				
				City	-	FL	Zip Code	
10. I, being Signature of Registered /	Agent	e Di	t nazirez raziei.	th and accept the oi	bligations of Section	n 607.0505, F.S. Date/2 - 24	-96	
11. Do De	es this corporation pay a pt. of Revenue under S.	ny intang 199.032,	ible tax to th Florida Statu	e ites. Yes	☑ No □	(See other side fo on intangib		
owed by	hat I am an officer or director or the receiv- tatement application, the reason for dissol the corporation have been paid and the ni pplication is true and accurate, and my sign	rtion has been Imes of individi	eliminated, the corpo uals listed on this form	rate name satisfies n do not qualify for :	the requirements an exemption and	of section 607.0401 or 617.0401	F.S. that all fees	

Barbon L Down 12-24-96 941-764-8974

SIGNATURE: