

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

*pg 1/2*

APPLICATION  
FOR  
REINSTATEMENT



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

00 OCT 27 PM 1:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000031515**

1. Corporation Name

**BLEIER & COMPANY, INC.**

Principal Place of Business

7617 NORTHWEST 70TH WAY  
PARKLAND FL 33067

Mailing Address

7617 NORTHWEST 70TH WAY  
PARKLAND FL 33067

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/10/1996

5. FEI Number

65-0662429

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTD	BLEIER, STEVEN D	7617 NORTHWEST 70TH WAY	PARKLAND FL 33067
VSD	BLEIER, KAREN M	7617 NORTHWEST 70TH WAY	PARKLAND FL 33067

600003463556--9  
-11/15/00--01099-012  
\*\*\*150.00 \*\*\*150.00

8. Name and Address of Current Registered Agent

**BLEIER**  
**BLEIER, STEVEN D**  
7617 NORTHWEST 70TH WAY  
PARKLAND FL 33067

9. Name and Address of New Registered Agent

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

X

**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

X 10/20/00

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 furnished 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

Date

Daytime Phone #



*Bleier & Company, Inc.*

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OCT. 20, 2000

DIVISION OF CORPORATIONS  
ANNUAL REPORT REINSTATEMENT SECTION

To Whom It May Concern.

Attached is our application for reinstatement and a check for \$150 for the fee.

Bleier & Co. did not receive the original annual report information. We have been in business for 9+ years and always respond to the annual report requests.

Thank you for your help in this matter and for reinstating our corporation.

Please call or write if there is anything else you need from us. Thanks again.

Sincerely,

Steven Bleier  
President