

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000057826

1. Corporation Name

BLC Financial NETWORK OF FLORIDA, INC.

Principal Place of Business

Mailing Address

415 Beckrich Road, #250  
Panama City Beach, FL  
32407

c/o Business Loan Center, Inc.  
645 Madison Ave., 19th FL  
New York, NY 10022

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

REINSTATEMENT

2000

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

7/10/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

58-2249799

Applied For

Not Applicable

City & State

City & State

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	FRED CRISPIN	415 Beckrich Rd., #250	Panama City Beach, FL 32407
VP/D	Leonard Rudolph	645 Madison Ave., 19th FL	NEW YORK, NY 10022
T/D	Jennifer Goldstein	Same as above	Same as above
S/D	David Redkner	Same as above	Same as above
CEO	ROBERT F. TANNENHAUSER	Same as above	Same as above

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

United Corporate Services, Inc.  
9200 So. Dadekind Blvd.  
Ste. 508  
MIAMI, FL 33156

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Michael A. Barr

REGISTERED AGENT MUST SIGN

Date 11/2/00

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Redkner

10/31/00 (212)751-5626

Date

Daytime Phone #

CR2E040 (12/96)