

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 OCT 11 PM 2:19

SECRET  
DATE  
10/11/05

DOCUMENT # P97000031799

**1. Corporation Name**

Blake, Shaw & Company, Inc.

**2. Principal Office Address**

3020 N. Federal Hwy

Suite, Apt. #, etc.

11B

City & State

Ft. Lauderdale, FL

Zip

33306

Country

USA

**3. Mailing Office Address**

3020 N. Federal Hwy

Suite, Apt. #, etc.

11B

City & State

Ft. Lauderdale, FL

Zip

33306

Country

USA

CR2E081 (8/05)

**4. Date Incorporated or Qualified  
To Do Business in Florida**

04/08/97

**5. FEI Number**

65-0754611

☐ Applied For

☐ Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

John C. Walker, CPA

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

3020 N. Federal Highway

Suite, Apt. #, Etc.

Bldg. 11B

City

Ft. Lauderdale

State

FL

Zip Code

33306

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/7/05

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PR	Robert K. Blake	3020 N. Federal Hwy, 11B	Ft. Lauderdale, FL 33306

**10. 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

Date

Daytime Phone #

JOHN C. WALKER, C.P.A., P.A.

*A Professional Corporation*

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PLAZA 3000  
3020 NORTH FEDERAL HIGHWAY • BUILDING 11 • FORT LAUDERDALE, FLORIDA 33306  
(954) 561-5670 • FAX (954) 561-2749  
e-mail: johnw@netdor.com

October 6, 2005

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: CORPORATION REINSTATEMENT FOR:  
BLAKE, SHAW & COMPANY, INC.  
DOCUMENT NO.: P97000031799

Dear Sir or Madam:

Please find attached the Corporation Reinstatement Form for Blake, Shaw & Company, Inc. The company moved 3 years ago to its new address which is 2900 E. Oakland Park Blvd., Suite 200, Fort Lauderdale, FL 33306. Mr. Robert K. Blake never received his Annual Report Notice for this reason.

Enclosed is a check for \$450.00 for the years 2003, 2004 and 2005.

Thank you in advance for abating all penalties.

Sincerely,



John C. Walker  
CPA