

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 FEB 23 AM 9:36

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # PA8000075608

1. Corporation Name

Blackstone Homes, Inc.

2. Principal Office Address

3. Mailing Office Address

6860 Lake Devonwood Dr. 6860 Lake Devonwood Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Fort Myers, FL

Fort Myers, FL

Zip

Country

33908

USA

Zip

Country

33908

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

8/27/1998

5. FEI Number

65-0864887

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

Carl H. Winslow, Jr.

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

2256 Heitman Street

Suite, Apt. #, Etc.

700003796337-1

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\*\*\*\*900.00 \*\*\*\*900.00

City

Fort Myers

State  
FL

Zip Code

33901

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 01/19/01

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
PVST	Wes McMillin, Jr.	6860 Lake Devonwood Dr.	Fort Myers, FL 33908

REINSTATEMENT

*[Signature]*

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #