

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 APR 29 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

298000075608
Blackstone Homes Inc.

2. Principal Office Address

3. Mailing Office Address

13451 McGregor Blvd.

13300-56 S. Cleveland Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit 21

240

City & State

City & State

Fort Myers FL

Fort Myers FL

Zip

Country

Zip

Country

33919

USA

33907

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

John W. McMillin Jr.

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

3628 Heritage Lane

Suite, Apt. #, Etc.

City

Fort Myers

State

FL

Zip Code

33908

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

John W. McMillin Jr.

REGISTERED AGENT MUST SIGN

Date

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
P/V/S/T	John Wes McMillin Jr.	3628 Heritage Lane	Fort Myers FL 33908

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:

John W. McMillin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

941-267-8986

Daytime Phone #

CR2ED01 (9/01)