

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P99000075805

1. Corporation Name

BLAIR'S PAPER DOLL CO.

FILED

00 OCT 19 PM 1:56

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business

% BLAIR W. GORDON  
9703 SOUTH DIXIE HIGHWAY, SUITE 3H  
MIAMI FL

Mailing Address

% BLAIR W. GORDON  
9703 SOUTH DIXIE HIGHWAY, SUITE 3H  
MIAMI FL

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

2. New Principal Office Address, If Applicable

6320 SW 79th Street

Suite, Apt. #, etc.

H 23

City & State

Miami, FL

Zip

33143

Country

USA

3. New Mailing Office Address, If Applicable

6320 SW 79th Street

Suite, Apt. #, etc.

H 23

City & State

Miami, FL

Zip

33143

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

08/20/1999

5. FEI Number

68-0945986

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
Pres.	BLAIR W. Gordon	6320 SW 79th St.	Miami, FL 33143
			300003448223--9
			-11/02/00--01013--025
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

GORDON, BLAIR W  
9703 SOUTH DIXIE HIGHWAY  
SUITE 3H  
MIAMI FL

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

Blair W. Gordon  
REGISTERED AGENT MUST SIGN

SIGNATURE REQUIRED

Date 10.17.00

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 indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

KE

SIGNATURE:

Blair W. Gordon  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE REQUIRED

Date

10.17.00

Daytime Phone #

305 663-6544

CR20040 (8/00)