

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JUN 23 PM 12:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P99000108999

1. Corporation Name

BFE, INC.

2. Principal Office Address  
6815 Pindo Blvd.

3. Mailing Office Address  
802 11th Street West

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Sarasota, FL

City & State  
Bradenton, FL

Zip 34241 Country USA

Zip 34205 Country USA

4. Date Incorporated or Qualified  
To Do Business in Florida 12/15/1999

5. FEI Number  
65-0974939

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  
Blalock, Landers, Walters & Vogler, P.A.

Street Address (P.O. Box Number is Not Acceptable)  
802 11th Street West

Suite, Apt. #, Etc.

City  
Bradenton,

State  
FL

Zip Code  
34205

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

Charles F. Johnson, III,  
VP  
REGISTERED AGENT MUST SIGN

Date June 19, 2003

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/D	BLANKENSHIP, THOMAS E.	6815 Pindo Blvd.	Sarasota, FL 34241

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

Thomas E. Blankenship, Pres. 6/19/03 941-329-1338

Date

Daytime Phone #

6/23