

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED  
AND  
FILED

98 NOV 23 PM 12:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S32601

1. Corporation Name

CONTROLLED EXPLOSIVE BLASTING, INC.

Principal Place of Business

Mailing Address

2943 VERNON TERRACE, #4  
JACKSONVILLE FL 32205  
US

PO BOX 10455  
JACKSONVILLE FL 32247-0455

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

P.O. BOX 18098

BEVERLY HILLS

CA.

90209

USA

REINSTATEMENT 98

4. Date Incorporated or Qualified To Do Business in Florida

02/18/1991

5. FEI Number

59-2100936

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	BLACK, MURRAY D.	100 N DELFERN DR	BELAIR CA
D	BLACK, MARGARET M.	100 N DELFERN DR	BELAIR CA

700002700007--7  
-12/02/98-01034-015  
\*\*\*\*750.00 \*\*\*\*750.00

JB 11/25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BLACK, MURRAY D  
2943 VERNON TERRACE, #4  
JACKSONVILLE FL 32205

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

*[Signature]* REQUIRED  
REGISTERED AGENT MUST SIGN

Date 11-14-98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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]* REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
MARGARET M. BLACK

11-14-98  
Date

310-285-4989  
Daytime Phone #

CR2EDM (9/93)