	PLICAT FOR	ION (RUCTIONS BEFORE CO A DEPARTMENT OF STATE Sandra B. Mortham Secretary of State					
REIN	ISTATE	MENT	(×	SION OF CORPORATIONS		ETA TANK		
DOCUMENT # 5'54923						97 KOV 19 AM 8: 56			
Blewett International, Inc.						SECRETARY OF STATE TALLAHASSEE, FLORIDA			
W17-318/7							Merch		
·	A1A Sot			AlA South					
	Augusti:			Augustine,	FL 32084	PRIC	TATERAENI	T a	n 0-1
If above s	iddresses are	incorrect in any way, line thro	ough incorrect i	information and enter		Kein 3	TATEMEN DO NOT WRITE IN THIS		7-01
				To Do		4. Date Incorp To Do Busi 5/22/9	ncorporated or Qualified Business in Florida		
Sulte, Apt.			Suite, Apt. #, etc. City & State			5. FEI Number Applied For			
ify & State Country			Zip Countr		rv	59 30681.79 Not Applicable 6. SECTIONATE OF STATUS DESIDED [7] \$8.75 Additional Fee required			
Names and Street Addresses of Each Officer and/o			pr Director (Florida nonprofit corpora			for a Certificate of Status			
Title(s)	2	Name of Officers and/or Directors		St	reet Address of Each fficer and/or Director lse Post Office Box N		City /	State / Zip	
, D, S,T Diane S. Blewett			4605 AlA South				St. Augustine	, FL	32084
v	Joe B	Blewett		4605 A1A South			St. Augustine	, FL	32084
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	<u> </u>		·					0/1	
	B. Nam	e and Address of Current R	egistered Age	ent		9. Name and A	Address of New Registered	Agent	
Diane	s. Ble	ewett			Name				
4605 A1A South St. Augustine, FL 32084					Street Address (P.O. Box Number is Not Acceptable) Sulte, Apt. #, Etc.				
					City State Zip Code				
L being	annointed the	registered egent of the abov	o named come	vestion, and familiar wi		linations of Conti	Fl		
hature of gistered	_	Diane &	SISTEREDAG	ENTINUST SIGN		anons of Section	Date 9-18-	97	7
1. Do De	es this o pt. of Re	orporation pay as evenue under S. 1	ny intang 199.032,	ible tax to th Florida Stati	ie utes. Yes [No [≥	X (See other s	de for infor ingible tax.)	
l do hero lease the certify the this rein fees own under or	nat I am an of statement app and by the cor	It the information supplied with corporations from any liability licer or director or the receivalication the reason for dissoporation have been paid. The	th this filling is v of non-complia er or trustee er lution has been e information in	voluntarily furnished a ence with Section 111 npowered to execute n eliminated, the corn ndicated on this appli	and does not qualify 9.07(3)(k) in the even this application as p porate name satisfies cation is true and ac	for the exemption at that the informa- provided for in ch to the requiremen ccurate, and my	n stated in Section 119.07(3 ation supplied is deemed ex apter 607 or 617, F.S. I furt its of section 607.0401 or 6 signature shall have the sai)(k), Florida empt from p her certify i 17.0401, F. me legat ef	statutes. I re- public access. I hat when filing S., and that all lect as if made

SIGNATURE: