

PLEASE READ-ALL-INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -6 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V56010

1. Corporation Name

BLAZIE RESEARCH, INC.

2. Principal Office Address

518 S. BEACH ROAD

Suite, Apt. #, etc.

City & State

HOBE SOUND, FL

Zip

33455

Country

3. Mailing Office Address

518 S. BEACH ROAD

Suite, Apt. #, etc.

City & State

HOBE SOUND, FL

Zip

33455

Country

900035554319
05/06/04--01016--017 **1350.00

REINSTATEMENT 00-04

4. Date Incorporated or Qualified
To Do Business in Florida

07/30/1992

5. FEI Number

52-1787873

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

BLAZIE, DEANE B.

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

518 S. BEACH ROAD

Suite, Apt. #, Etc.

City

HOBE SOUND

State
FL

Zip Code

33455

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

Deane B. Blazie

Date

4/30/04

REGISTERED AGENT MUST SIGN

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
D	BLAZIE, DEANE B.	518 S. BEACH ROAD	HOBE SOUND, FL 33455
-ST-	BLAZIE, LYNN M.	518 S. BEACH ROAD	HOBE SOUND, FL 33455

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:

Deane B. Blazie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/30/04

Daytime Phone #

CR2E081 (01/04)