

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE

00 NOV 17 PM 1:55

DOCUMENT # V56550

1. Corporation Name

CYLINDERS INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

~~12720 DUPONT CIRCLE~~
~~TAMPA FL 33626~~
US

~~12720 DUPONT CIRCLE~~
~~TAMPA FL 33626~~
US



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

REINSTATEMENT

2. New Principal Office Address, If Applicable

22009 US Hwy 19 N.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

207AE
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

08/11/1992

5. FEI Number

59-3136509

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
DP	BLUDEAU, ROBERT E	12720 DUPONT CIRCLE 22009 US HWY 19 N	TAMPA FL 33677 CLEARWATER FL 33765
S	BLUDEAU, IVY L	1237 CLAYS TRAIL	OLDSMAR FL 34677
D	BLUDEAU, JEANNE	1237 CLAYS TRAIL	OLDSMAR FL 33615
			000003488170--6 -12/05/00--01101--025 ****750.00 ****750.00
			12/1

8. Name and Address of Current Registered Agent

BLUDEAU, ROBERT E.
12720 DUPONT CIRCLE
TAMPA FL 33626

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

Robert Bludeau
REGISTERED AGENT MUST SIGN

Date

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.

SIGNATURE:

Robert Bludeau
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT BLUDEAU

10/30/2000 727.723.3885
Date Daytime Phone #

CR2E040 (8/00)