

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 20 AM 8:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **V56550**

1. Corporation Name

**CYLINDERS INTERNATIONAL, INC.**

Principal Place of Business

Mailing Address

~~22009 US HWY 19 NO.~~  
~~CLEARWATER FL 33765~~  
~~US~~

~~22009 US HWY 19 NO.~~  
~~CLEARWATER FL 33765~~  
~~US~~

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

2. New Principal Office Address, If Applicable

**1237 CLAYS TRAIL**  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

**Post Office Box 1669**  
Suite, Apt. #, etc.

City & State

**OLDSMAR FL**

City & State

**OLDSMAR FL**

Zip

**34677**

Country

**USA**

Zip

**34677**

Country

**USA**

REINSTATEMENT

03



**500023938045**  
10/20/03--01014--015 \*\*750.00

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	<del>22009 US HWY 19 NO.</del> <b>1237 CLAYS TRAIL</b>	<del>CLEARWATER FL 33765</del> <b>OLDSMAR FL 34677</b>
S	BLUDEAU, IVY L	<b>1237 CLAYS TRAIL</b>	<b>OLDSMAR FL 34677</b>
D	BLUDEAU, JEANNE	<b>1237 CLAYS TRAIL</b>	<b>OLDSMAR FL 33615</b>

8. Name and Address of Current Registered Agent

**BLUDEAU, ROBERT E**  
~~22009 US HWY 19~~ **1237 CLAYS TRAIL**  
~~CLEARWATER FL 33765~~ **OLDSMAR FL 34677**

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. or 617.0505, F.S.

Signature of  
Registered Agent

**Robert E. Bludeau**  
REGISTERED AGENT MUST SIGN

Date **10/13/2003**

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 E. BLUDEAU**  
**Robert E. Bludeau**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10/13/2003 727-789-8470**  
Date Daytime Phone #

CR2E040 (7/03)