

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

03 SEP -8 PM 4:00

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # F00000002209

1. Corporation Name
 BLUE SPRINGS SOUTH, INC.

Principal Place of Business: 3200 SOUTH OUTER ROAD, BLUE SPRINGS FL 64105
 Mailing Address: 3200 SOUTH OUTER ROAD, BLUE SPRINGS FL 64105



REINSTATEMENT 02-03

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

2. New Principal Office Address, if Applicable: 2800 Hammondville Rd.
 3. New Mailing Office Address, if Applicable: 2800 Hammondville Rd.

4. Date Incorporated or Qualified To Do Business in Florida: 04/20/2000

City & State: Pompano Beach FL
 Zip: 33069 Country: USA

5. FEI Number: 43-1885346
 Applied For: Not Applicable

6. CERTIFICATE OF STATUS DESIRED: \$3.75 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	4 City / State / Zip
P	BALDERSTON, ROBERT C	3200 SOUTH OUTER ROAD	BLUE SPRINGS FL 64105 MO
V	SONTAY, NEAL Sontag	2800 HAMMONDVILLE ROAD	POMPANO BEACH FL 33069

600022824106
 09/08/03 01040 009 **900.00

8. Name and Address of Current Registered Agent

~~C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324~~

9. Name and Address of New Registered Agent

Name: Neal Sontag
 Street Address (P.O. Box Number is Not Acceptable): 2800 Hammondville Rd.
 Suite, Apt. #, Etc.:
 City: Pompano Beach State: FL Zip Code: 33069

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

[Handwritten Signature]

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date: 7-21-03

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:

[Handwritten Signature]

SIGNATURE REQUIRED

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-21-03

Date

Daytime Phone #

954-984-5174

CR2E040 (8/02)