

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

APPLICATION  
 FOR  
 REINSTATEMENT

**FILED**  
 01 NOV -5 PM 3:26  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **F96000004524**

1. Corporation Name  
**FLORIDA BLUE CAPITAL INVESTMENTS, INC.**

Principal Place of Business	Mailing Address
<del>C/O HVB CAPITAL MARKETS INC 150 E 42 ST NEW YORK NY 10017 US</del>	<del>C/O HVB CAPITAL MARKETS INC 150 E 42 ST NEW YORK NY 10017 US</del>



**REINSTATEMENT 01**

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida
Suite, Apt. #, etc. <b>17101 Preston Road Suite 230</b>	Suite, Apt. #, etc. <b>17101 Preston Road Suite 230</b>	<b>09/04/1996</b>
City & State <b>Dallas Texas</b>	City & State <b>Dallas TEXAS</b>	5. FEI Number <b>13-3908041</b>
Zip <b>75248</b>	Country <b>USA</b>	Country <b>USA</b>

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City/State/Zip
<del>PCD</del> <b>P</b>	<del>GEORG, DIETMAR</del> <b>Sealheim, Reiner</b>	<del>450 E 42 ST</del> <b>Alter Wall 22, 20457 Hamburg</b>	<del>NEW YORK NY 10017</del> <b>Federal Republic of Germany</b>
<del>VTD</del> <b>V</b>	<del>WURM, JEAN-BERNARD</del> <b>Dischler, Ulrich</b>	<del>150 E 42 ST</del> <b>Alter Wall 22, 20457 Hamburg</b>	<del>NEW YORK NY 10017</del> <b>Federal Republic of Germany</b>
<b>SD</b>	<b>DOMBROWSKI, ACHIM</b>	<b>ALTER WALL 22, 20457 HAMBURG</b>	<b>FEDERAL REPUBLIC OF GERMANY</b>
<b>AS</b>	<b>CUMMINGS JR, F G</b>	<b>414 UNION STREET, STE 1600</b>	<b>NASHVILLE TN 37219</b>
<b>V</b>	<b>Roger, Linda</b>	<b>Alter Wall 22, 20457 Hamburg</b>	<b>Federal Republic of Germany</b>

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent	
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>	Name	<b>RW 11/27</b>
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, Etc.	
	City	
	State	Zip Code
	<b>FL</b>	

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: *Maria Ozaeta* **Maria Ozaeta** Assistant Secretary  
 REGISTERED AGENT MUST SIGN Date: 10-25-01

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.

(214) 273-3000

SIGNATURE: *Linda Roger* **Linda Roger** Vice President 10/30/01  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/01)