

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED  
Oct 17, 2008  
Secretary of State

DOCUMENT# N05000000407

Entity Name: ALEX'S BLUEWATER FOUNDATION, INC

**Current Principal Place of Business:**

340 MINORCA AVE.  
SUITE ONE  
MIAMI, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

3034 DAY AVE  
MIAMI  
MIAMI, FL 33133

**New Mailing Address:**

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

SILVIA, CAVIGLIA J  
3034 DAY AVE  
MIAMI, FL 33133 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SILVIA CAVIGLIA

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CAVIGLIA, SILVIA  
Address: 340 MINORCA AVE, SUITE ONE  
City-St-Zip: MIAMI, FL 33134

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Delete  
Name: OWEN, EDUARDO  
Address: 340 MINORCA AVE, SUITE ONE  
City-St-Zip: MIAMI, FL 33134

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Delete  
Name: PALMIERI, THOMAS  
Address: 340 MINORCA AVE, SUITE ONE  
City-St-Zip: MIAMI, FL 33133

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TR ( ) Delete  
Name: CAVIGLIA, BIANCA  
Address: 3034 DAY AVE  
City-St-Zip: MIAMI, FL 3313

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Delete  
Name: CAVIGLIA, MICHAEL  
Address: 340 MINORCA AVE., SUITE 1  
City-St-Zip: MIAMI, FL 33133

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Delete  
Name: YOUNG, MARCELA  
Address: 340 MINORCA AVE., SUITE 1  
City-St-Zip: MIAMI, FL 33133

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SILVIA CAVIGLIA

PRES

10/17/2008

Electronic Signature of Signing Officer or Director

Date