

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 534429

1. Corporation Name

BLUE LAGOON, INC.

Principal Place of Business

5800 BLUE LAGOON DR
MIAMI FL 33126

Mailing Address

2 OVERHILL ROAD.. STE 450
SCARSDALE NY 10583

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

New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/20/1977

5. FEI Number

13-3409478

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED I

FILED

99 DEC 23 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 1999

Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	2	Name of Officers and/or Directors	3	Street Address of Each Officer and/or Director	4	City / State / Zip
P		LEHODEY, JOHN F		2 OVERHILL RD., #420 245 Park Avenue		SCARSDALE NY 10583 New York NY 10167
V		SOLOVICH, DANIEL Berry Daniel		2 OVERHILL RD., #420 245 Park Ave		SCARSDALE NY 10583
S		HELD, JEFFREY S		2 OVERHILL RD., #420 245 Park Ave		SCARSDALE NY 10583
						100003095291--4 -01/11/00--01101--005 ****550.00 ****550.00
						100003095291--4 -01/11/00--01101--006 ****200.00 ****200.00

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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

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

SIGNATURE REQUIRED
John F. Lehodey, V.P.
REGISTERED AGENT MUST SIGN

Date 12/16/89

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:

SIGNATURE REQUIRED
John F. Lehodey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

Daytime Phone #

12/8/89