

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

W 240 000174 19

DOCUMENT # F00000003869

1. Corporation Name

Blue Water of Atlantis Holdings, Inc.

2. Principal Office Address

30 Old Rudnick Ln

Suite, Apt. #, etc.

3. Mailing Office Address

142 JFK Circle

Suite, Apt. #, etc.

City & State

DOVER, DE

Zip

19901

Country

USA

City & State

Atlantis FL

Zip

33462

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7/11/2000

5. FEI Number

510393386

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

000037381500
05/27/04--01075--003 **450.00

7. Name and Address of Current Registered Agent

Name

Michael S. Singer, Esq.

Street Address (P.O. Box Number is Not Acceptable)

3801 PGA Boulevard

Suite, Apt. #, Etc.

Suite 604

City

Palm Beach Gardens FL

State

FL

Zip Code

33410

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

4/28/04

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	John D. Corbitt, Jr.	142 JFK Circle	Atlantis, FL 33462

REINSTATEMENT 02-04

10. 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/28/04

Daytime Phone #

564626-2101

CR2E081 (01/04)