

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F02000005024**

1. Corporation Name

THE BLUES WORKS, INC.

Principal Place of Business

1727 ARLINGTON ST.
SARASOTA FL 34239

Mailing Address

1727 ARLINGTON ST.
SARASOTA FL 34239

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

2. 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

10/03/2002

5. FEI Number

65-1100204

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 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
PCD	WALDRON, NANCY L	1727 ARLINGTON ST.	SARASOTA FL 34239
VD	GRIFFIN, ERIC L	1727 ARLINGTON ST.	SARASOTA FL 34239
D	GRIFFIN, EMILY L	1727 ARLINGTON ST.	SARASOTA FL 34239

800025403518

12/10/03--01076--004 **158.75

8. Name and Address of Current Registered Agent

FILINGS INCORPORATED

1660 East jefferson 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

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

M. Sch...
REGISTERED AGENT MUST SIGN

Date

12/4/03

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:

Nancy Waldron
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/1/03

Daytime Phone #

941-363-0363

CR2E040 (7/03)

The BluesWorks, Inc
1727 Arlington St.
Sarasota, FL 34239
Admin@BluesWorks.net

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November 6, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

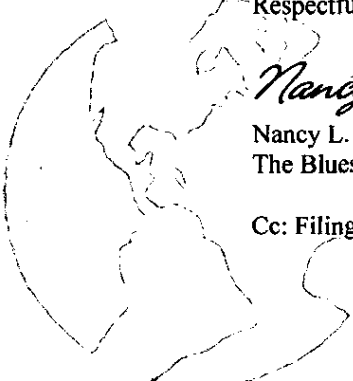
To Whom It May Concern:

Per the instructions on the enclosed form "Application for Reinstatement" we are writing to request a waiver of the reinstatement fee due to the fact that this is the first correspondence we have received this year for filing of the Annual Report. I would also like to point out that this is the first year we would have filed the Annual Report, therefore, had no knowledge of this requirement or ability to comply.

Enclosed please find the initial filing fee of \$150.00 plus \$8.75 for a new Certificate of Status.

Thank you in advance for your cooperation.

Respectfully,



Nancy L. Waldron

Nancy L. Waldron
The BluesWorks, Inc.

Cc: Filings Incorporated (Registered Agent)