PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 AUG 12 AM 8:00

500022241575
08/12/03--01035--009 **900.00

DOCUMENT # G30889

1. Corporation Name BLUE HORIZON ENTERPRISES INC.

REINSTATEMENT MRD 02-03

2. Principal Office Address	**3.** Mailing Office Address
12463 DOGLEG DRIVE	12463 DOGLEG DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
BOYNTON BEACH, FL.	BOYNTON BEACH, FL.
Zip: 33437 Country: USA	Zip: 33437 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida 03-29-83

5. FEI Number 592282462 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: EDWARD ALLEN AMATO

Street Address (P.O. Box Number is Not Acceptable): 12463 DOGLEG DRIVE

Suite, Apt. #, Etc.:

City: BOYNTON BEACH State: FL Zip Code: 33437

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 EDWARD A. AMATO REGISTERED AGENT MUST SIGN Date 08-07-03

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	EDWARD A. AMATO	12463 DOGLEG DRIVE	BOYNTON BEACH FL 33437
V	BARBARA E. AMATO	12463 DOGLEG DRIVE	BOYNTON BEACH FL. 33437
S	EDWARD A. AMATO	12463 DOGLEG DRIVE	BOYNTON BEACH FL. 33437
T	EDWARD A. AMATO	12463 !@$¢# DOGLEG DRIVE	BOYNTON BEACH FL. 33437

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: EDWARD A. AMATO AUGUST 07, 2003 561-732-8359
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #