PLEASE READ /	ALL INSTRUCTIONS BEFORE C	OMPLETING THIS FORM.
CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED
DOCUMENTA FEIN. 59-2806814 H82513 1. corporation Name Blue Water Diversified, Inc 20 Augusta Trail		06 MAR -6 PN 1:30 SLULL AFE TALLAHASSEE, FLORIDA
Palm Gast, F1 32137		300068107303 03/20/0601021024 **600.00
2. Principal Office Address 20 Augusta Trail Suite, Apt. #, etc.	3. Mailing Office Address 20 Augusta Trail Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida
Palm Coast Zip Country FLAGLER	lalm Gast FL Zip Country 32137 USA	5. FEI Number 59 - Z 80 6 8 1 4 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Street Address (P.O. Box Number is Not Acceptable). 20 Augusta Irail Suite, Apt. #, Etc. City Palm Coast FL Zip Code FL 32137		
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 Date 2/14/06 REGISTERED AGENT MUST SIGN		
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Name of Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)		
Pres Roy H. SEAG	Officer and /or Director	City / State / Zip
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 contained in Chapter 119, 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: 2/14/06 386-445-4019 SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		

16.

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BLUE WATER DIVERSIFIED, INC. 20 AUGUSTA TRAIL PALM COAST, FL. 32137 386-445-4519

February 27, 2006

Dear Folk,

Sorry for the confusion. The first year that I failed to get an annual report notice was 2003 and all the subsequent years. The confusion was the Address Change made in 2003. Somehow, the old address and the new address got combined and produced an undeliverable address.

Please refer to the February 14th letter attached to the original reinstatement form.

If there is any confusion, please call me at: 386-445-4519.

Roy H Segrob