

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 15 AM 11:53

DOCUMENT # J61178

1. Corporation Name

BLUE WATER CANVAS & MARINE INTERIORS, INC.

Principal Place of Business

Mailing Address

4 FISHING VILLAGE DR
OCEAN REEF
KEY LARGO FL 33037
US

4 FISHING VILLAGE DR
OCEAN REEF
KEY LARGO FL 33037
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/05/1987

5. FEI Number

59-2770073

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

38.75 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
DPT	LAPORTE, ROBERT D	35 EAGLE DR 425 LAGUNA AVE	KEY LARGO FL 33037
VSD	LAPORTE, CHERYL A	35 EAGLE DR 425 LAGUNA AVE	KEY LARGO FL 33037

000004649300--3
-10/23/01--01015--023
*****758.75 *****758.75

10/10/01

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LAPORTE, ROBERT
4 FISHING VILLAGE DR
OCEAN REEF CLUB
KEY LARGO FL 33037

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.

Signature of
Registered Agent

Robert D. Laporte
REGISTERED AGENT MUST SIGN

Date 10/10/01

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:

Robert D. Laporte ROBERT D. LAPORTE 10/10/01 305/367-2277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/01)