PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 DEC 31 AM 9:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K26090

1 Corporation Name

BLUE CHIP RESOURCES UNLIMITED, INC.

REINSTATEMENT 1996 mw3 1-6-97

Principal Place of Business	Mailing Address
% JOHN SCHWENK 6429 COW PEN ROAD #U206 MIAMI LAKES FL 33014 US	%JOHN SCHWENK 6429 COW PEN ROAD #U206 MIAMI LAKES FL 33014 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. 22298 Woodspring DR	Suite, Apt. #, etc. 22298 Woodspring DR
City & State Boca Raton FL	City & State Boca Raton FL
Zip 33428 Country PALM BEACH	Zip ~~FE~~ 33428 Country PALM BEACH

4. Date Incorporated or Qualified To Do Business in Florida: 06/10/1988

5. FEI Number: 65-0055143 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.75 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	SCHWENK, ANDREW	~~9171 SW 167TH TERRACE~~ 17650 134th AVE, SE #Q106	~~MIAMI FL~~ RENTON, WA 98058
D	SCHWENK, JOHN	~~6429 COW PEN ROAD #U206~~ 22298 WOODSPRING, DR	~~MIAMI LAKES FL~~ BOCA RATON, FL 33428
			600002048526--8 ~~01/07/97--01113--006~~ ****375.00 ****375.00

8. Name and Address of Current Registered Agent

SCHWENK, JOHN
6429 COW PEN ROAD
APT U206
MIAMI LAKES FL 33014

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable): 22298 WOODSPRING DR

Suite, Apt. #, Etc.

City: BOCA RATON State: FL Zip Code: 33428

CR2E040 (7/96)

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: [signature] PRINTED

REGISTERED AGENT MUST SIGN

Date: 12-31-96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☑ (See other side for information on intangible tax.)

12 I certify that I am an officer or director of 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

12/31/96 Date

561-477-4830 Daytime Phone #

0020073 AP