

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2006 NOV -1 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K92238

1. Corporation Name

Blue Hole Investment Corporation

2. Principal Office Address

633 Mandarin Orange Ct.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Orange City, FL

Zip

32763

Country

Volusia

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5/31/1989

5. FEI Number

592964876

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

Stacy A Eckert, Esq

Street Address (P.O. Box Number is Not Acceptable)

2445 S. Volusia Ave, C-3

Suite, Apt. #, Etc.

City

Orange City, FL 32763

State

FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date 10/26/06

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
T	Frank Scalig	48 Maplehurst Ave.	DeBary, FL 32713
D	Charles Sherman	2260 Matthew Circle	Deltona, FL 32738
D	William Griffin	25 E. Morningside Dr.	Bluffton, SC 29910
D	George Sancha	1644 Horseshoe Rd.	Deltona, FL 32725
		B. H. 11/21/06	500081417515
			11/01/06--01013--015 **900.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-19-06

Date

386-774-5261

Daytime Phone #