

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 L01000006842

FILED

02 DEC -6 AM 11:49

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000006842

Name and Mailing Address

0009167 01 FP 0.352 **PRST HO 0 0615 32170-20111
 BLUE WATER KEY, LLC
 PO BOX 2011
 NEW SMYRNA BEACH FL 32170-2011

600009404726
 12/06/02--01094--004 **150.00



CR2E084 (8/02)

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 100 FAULKNER STREET NEW SMYRNA BEACH FL 32168		5. Date Organized or Qualified To Do Business in Florida 04/30/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number Applied For Not Applicable	
8. Name and Address of Current Registered Agent WEIDE, BRUCE 100 FAULKNER STREET NEW SMYRNA BEACH FL 32168		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent <u>Bruce Weide</u> Date <u>12-4-2002</u> REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MANAGER	BRUCE WEIDE	P.O. Box 2011	NEW SMYRNA BEACH FL 32170

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager Bruce Weide Date 12-4-2002 Daytime Phone # 386-4237611
 Typed or printed name of signing Managing Member/Manager BRUCE WEIDE