

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

FILED

00 FEB 16 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98-1259

1. Limited Liability Company's Name

Bluewater Wellness LLC

2. Principal Office Address

1711 SE 13th ST

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL

Zip

33316

Country

US

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

4. State/Country of Formation

FLORIDA USA

5. Date Organized or Qualified
To Do Business in Florida

JULY 29, 1998

6. FEI Number

65-0891288

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

MARGARETH KAGEMAN

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

1711 SE 13th ST

Suite, Apt. #, Etc.

City

FT. LAUDERDALE

State

FL

Zip Code

33316

9. 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

M. Kageman

REGISTERED AGENT MUST SIGN

Date

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
	Margm Margreth Kageman	1711 SE 13 th Street	Fort Lauderdale, FL 33316

REINSTATEMENT 99-00

dec

11. 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

Margreth Kageman

Date

2/14/00

Daytime Phone #

954-760-9923

Typed or printed name of signing Managing Member/Manager

MARGRETH KAGEMAN

CR2E041 (9/99)