

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

08 NOV -4 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10292008 REIN-NP CR2E099 (1/07)

DOCUMENT # N98000007242 1. Entity Name BLUE LAKE ACADEMY, INC.					
Principal Place of Business 3551 EAST ORANGE AVENUE EUSTIS, FL 32736			Mailing Address PO BOX 1947 EUSTIS, FL 32727		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 59-3547632	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HAYMANS, SKIP D 19529 SPRINGOAK DR EUSTIS, FL 32736			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>Skip Haymans</i></u> 10/29/08 <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$61.25 After January 1, 2009, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAYMANS, SKIP DR 19529 SPRINGOAK DR EUSTIS, FL 32736	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/C DR. Skip Haymans P.O. Box 129 EUSTIS FL 32727	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CADELL, DANNY MR. PO BOX 677 TAVARES, FL 32778	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T James Wells P.O. Box 129 EUSTIS, FL 32727	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHAMROCK, STEVE MR. PO BOX 3017 EUSTIS, FL 32727	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Danny Caddell P.O. Box 129 EUSTIS, FL 32727	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOMLINSON, HARRY MR. 36956 LAKE YALE DR GRAND ISLAND, FL 32735	<input checked="" type="checkbox"/> Delete	700137600567 11/04/08--01009--003 **\$61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCREE, JOAN MRS. PO BOX 1375 EUSTIS, FL 32727	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Barbara Walsh P.O. Box 129 EUSTIS, FL 32727	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILBISH, ART MR. 34752 CATTAIL DR EUSTIS, FL 32736	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Skip Haymans</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 10/29/08		Daytime Phone # 352357-8640

11/5/08