511207 C561)795-2113 618

2007 FOR PROFIT CORPORATION REINSTATEMENT

SIGNATURE: _

SIGNATURE AND TYPED OR PR

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DCCUMENT # P0100006818 1. Entity Name BLUE WATER LANDSCAPE & LAKE MANAGEMENT, INC Principal Place of Business Mailing Address										
					"	2007 JUN -	8 AM	12: 16		
						CEPOETA	ቤህ ለ <u>ተ</u>	OTIME		
	_PALMBEACHBL\vD	and the second s	1128 FOAL PALMBEACHELVD # 126 FOAL PALMBEACH, FL. 33411			SECRETARY OF STATE TALLAHASSEE.FLORIDA				
#126 PO/ALPALN	/IBEAO+ FL 33411									
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04272007	REIN-P	CR2	E098 (1/07)	0-90	
City & State		City & State		4. FEI Number 65-1070			 	oplied For ot Applicable		
Zip	Country	Zip	Coun	itry	5. Certificate of	of Status Desired	b	\$8.75 Add Fee Require		
	6. Name and Address of Current	Registered Agent		Name	7. Name and	Address of New R	egistered	Agent		
GRAHAM, LEWIS 1128 ROYAL PALM BEACH BLVD				Street Address (P.O. Box Number is Not Acceptable)						
#126 ROYAL PALM BEACH, FL 33411										
			City			FL Zip Code				
8. The above	named entity submits this statement for	or the purpose of changing its	register	I ed office or regist	ered agent, or both	, in the State of Flo			and accept	
the obligat	tions of registered agent.									
SIGNATURE.	Signature, typed or printed name of registered agent	t and title if applicable. (MAT	T. B		uired when reinstating)		DATE			
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FII	LE NOW!!! FEE IS \$300.00					In accordance v	vith s. 60	7.193(2)(b),	F.S., the	
						Corporation did	not recen	ve the phon		
TITLE	OFFICERS AND		11.		ADDITIONS/0	CHANGES TO OFF	ICERS AN			
NAME.	GRAHAM, LEWIS	Delete	TITU NAM	l l	<u> </u>	ന് 1 ന <i>മ</i> ക്ക	الساء الساء المشير	☐ Change	Addition	
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12. I hereby	certify that the information supplied wit	h this filing does not qualify fo	or the exe	emptions containe	ed in Chapter 119.	Florida Statutes. I	further ce	rtify that the ir	nformation	
indicated of the cor changed	l on this report or supplemental report i rporation or the receiver of trustee emp , or on an attachment with an address,	is true and accurate and that in owared to execute this report with all other like empowered	my signa t as requi l.	ture shall have the ired by Chapter 6	e same legal effect 07, Florida Statutes	as if made under one can as if made under one can as a ca	ath; that I a appears	am an officer in Block 10 or	or director r Block 11 if	



Landscape Installation Landscape Maintenance Environmental Services Weed and Algae Control Wetland Planting

June 5, 2007

Ms. Patricia Bailey Florida Division of Corporation P.O. Box 6327 Tallahassee, FL 32314

Dear. Ms. Bailey,

As per our phone conversation, I'm sending the form and funds to have our company reinstated.

If you have any question you can contact me at (561) 795-2113.

Malah

Sincerely

Vice President