PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAR 24 AM 9:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000010821

1. Corporation Name: Blue Water Farms, Inc

2. Principal Office Address	3. Mailing Office Address
2625 SW 148th Ave	2625 SW 148th Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Davie, Florida	City & State: Davie Florida
Zip: 33331 Country: US	Zip: 33331 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 1/29/2001

5. FEI Number: 65-1086757 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Marilyn Buchalter

Street Address (P.O. Box Number is Not Acceptable): 2625 SW 148th Ave.

000031073800
03/24/04--01042--009 **105.00

Suite, Apt. #, Etc.:

City: Davie State: FL Zip Code: 33331

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: Marilyn A Buchalter — Date: 3-3-04
REGISTERED AGENT MUST SIGN

CR2E031 (10/02)

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
D	Marilyn Buchalter	2625 SW 148th Ave	Davie, FL 33331
		REINSTATEMENT 02-04	

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 under section 119.07(3)(i), 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.

(754)214-0624

SIGNATURE: Marilyn A Buchalter — 3-3-04 — (954)452-5290
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #