

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000046992

1. Corporation Name

BLUE RESTAURANTS, INC.

Principal Place of Business

201 NORTH U.S. HIGHWAY 1, SUITE C-5
JUPITER FL 33477

Mailing Address

201 NORTH U.S. HIGHWAY 1, SUITE C-5
JUPITER FL 33477

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

02

4. Date Incorporated or Qualified
To Do Business in Florida

05/10/2001

5. FEI Number

65-1101248

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	KARLIK, STEVEN J	300 SEABREEZE CIRCLE	JUPITER FL 33477
D	SCHWARTZ, THOMAS P JR.	1921 29TH COURT	JUPITER FL 33477

700009876887
01/06/03--01076--015 **750.00

8. Name and Address of Current Registered Agent

KARLIK, DIANE L
CAMPBELL AND KARLIK, P.A.
3450 NORTHLAKE BLVD., SUITE 200
PALM BEACH GARDENS FL 33403

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State FL	Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Diane Karlik REGISTERED AGENT MUST SIGN

Date 12-29-2002

11. 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.

SIGNATURE:

Steve Karlik SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-29-2002 561-748-3212

Date

Daytime Phone #

CR2E040 (8/02)