

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

07 APR 27 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900101572479
05/04/07--01009--002 **458.75

REINSTATEMENT 05-07

CR2E081 (1/07)

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000114392

1. Corporation Name

BLUE SEA LAND, INC.

2. Principal Office Address - No P.O. Box # 299 N. RIVER SIDE DR.		3. Mailing Office Address 299 N. RIVER SIDE DR.	
Suite, Apt. #, etc. #703		Suite, Apt. #, etc. #703	
City & State POMPANO BEACH, FL		City & State POMPANO BEACH, FL	
Zip 33062	Country USA	Zip 33062	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 12/04/2001	
5. FEI Number 65-1156806	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
Elio Ramos

Street Address (P.O. Box Number is Not Acceptable)
299 N. RIVER SIDE DR.

Suite, Apt. #, Etc.
#703

City
POMPANO BEACH

State
FL

Zip Code
33062

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 M. Allen Elio Ramos
By M. Allen as attorney-in-fact Date 04/26/2007

REGISTERED AGENT MUST SIGN

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
P, D	Evaldo Kowalsky	299 N. RIVER SIDE DR. #703	POMPANO BEACH, FL 33062
D	Elaci Da Graca Medeiros Kowalsky	299 N. RIVER SIDE DR. #703	POMPANO BEACH, FL 33062
D	Cicero Kowalsky	299 N. RIVER SIDE DR. #703	POMPANO BEACH, FL 33062
D	Dihego Kowalsky	299 N. RIVER SIDE DR. #703	POMPANO BEACH, FL 33062
D	Elio Ramos	299 N. RIVER SIDE DR. #703	POMPANO BEACH, FL 33062

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 contained in Chapter 119, 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: M. Allen Evaldo Kowalsky, President
By M. Allen as attorney in fact Date 4/26/07 (561) 694-8107

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #