

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 AUG 12 AM 9:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

P01000114466

1. Corporation Name

Bluewater Realty and Management, Inc

2. Principal Office Address

3711 Caracus Court

Suite, Apt. #, etc.

N/A

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Tallahassee, Florida

City & State

Zip

32303

Country

USA

Zip

Country

**REINSTATEMENT 03-04**

4. Date Incorporated or Qualified  
To Do Business in Florida

November 29, 2001

5. FEI Number

01-0621895

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

John Addington

Street Address (P.O. Box Number is Not Acceptable)

3711 Caracus Court

Suite, Apt. #, Etc.

N/A

City

Tallahassee

State

FL

Zip Code

32303

500040129075

08/12/04--01015--005 \*\*900.00

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

John Addington

REGISTERED AGENT MUST SIGN

Date August 10, 2004

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

| Titles    | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip         |
|-----------|--------------------------------------|---|----------------------------|
| President | John Addington                       | 3711 Caracus Court                                | Tallahassee, Florida 32303 |
|           |                                      |   |                            |
|           |                                      |   |                            |
|           |                                      |   |                            |
|           |                                      |   |                            |
|           |                                      |   |                            |

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

August 10, 2004

Date

850 443-4120

Daytime Phone #

CR2E081 (01/04)