

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 10 PM 12:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000053549

1. Corporation Name

BLUE WATER ON SITE, INC.

Principal Place of Business

Mailing Address

7275 KNOWLES ROAD
POLK CITY FL 33868

7275 KNOWLES ROAD
POLK CITY FL 33868



REINSTATEMENT 03

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

05/15/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

81-0551999

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
COO/D	GILLETTE, CRAIG S	7275 KNOWLES ROAD	POLK CITY FL 33868
CFO	REPAS, ALAN T	787 ELM STREET	SAFETY HARBOR FL 34695
CFO/T	REPAS, Alan T	1651 ST. AUGUSTINE RD	BARTOW FL 33830

200024567452
11/18/03 01001-000 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

REPAS, ALAN T
787 ELM STREET
SAFETY HARBOR FL 34695

Name

REPAS, ALAN T

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

1651 ST. AUGUSTINE ROAD

Suite, Apt. #, Etc.

City

BARTOW

State

FL

Zip Code

33830

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

Alan T. Repas
REGISTERED AGENT MUST SIGN

Date

10/17/03

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:

Alan T. Repas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/17/03 813-267-0610

Daytime Phone #

CR2E040 (7/03)

Blue Water On Site, Inc.
7275 Knowles Road
Polk City, Florida 33868

November 6, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: P02000053549

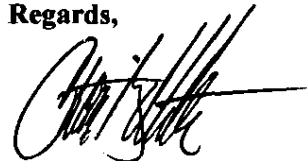
To whom this may concern:

Recently, I received your Dissolution Certificate For Blue Water On Site, Inc. I apologize for not supplying an Annual Report, to this date, I have not received a uniform business report notice. I have retained a Mr. Ken Brown, CPA in Tampa to guide me through filing. This filing will be provided to your office as rapidly as Mr. Brown can compile the document.

As requested, I am enclosing the \$150.00 reinstatement fee. Please note that the address for Blue Water's registered agent has changed as noted on the form.

Please accept my apologies for this oversight.

Regards,



Craig Gillette