

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 OCT 24 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000059958

1. Corporation Name

BLUE LAGOON WATERFALLS, INC.

Principal Place of Business

Mailing Address

208 LAKE OSBORNE DR
LAKE WORTH FL 33461

208 LAKE OSBORNE DR
LAKE WORTH FL 33461

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 03



200024075242
10/24/03--01017--030 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida

05/30/2002

5. FEI Number

☒ 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	PAQUIN, BENNY	208 LAKE OSBORNE DR	LAKE WORTH FL 33461

8. Name and Address of Current Registered Agent

SCHOLIN, CHRISTIAN N
505 S FLAGLER DR, STE 400
W PALM BCH FL 33401

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

Date

REGISTERED AGENT MUST SIGN

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.

BENNOIT BENNY PAQUIN (President)

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/03

Date

561-236-1896

Daytime Phone #

CR2E040 (7/03)

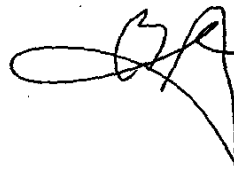
TO WHOM IT MAY CONCERN:

THIS LETTER IS REGARDING
THE FACT THAT BLUE LAGOON WATERFALLS INC.
DID NOT RECEIVE ANY PRIOR UNIFORM
BUSINESS REPORT NOTICES.

WE ARE SENDING YOU A COMPLETED
APPLICATION FOR REINSTATEMENT AND
A CHECK FOR THE APPROPRIATE UBR
FILING FEE SIGN BY ME, BENNY BACHIN
PRESIDENT,

THANK YOU FOR YOUR
UNDERSTANDING.

Sincerely

 10/20/03