

"As Originally Filed"


No. 2325 P. 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

07 NOV 20 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000136801

1. Corporation Name

Blue Water Finance and Insurance, Inc.

2. Principal Office Address (No P.O. Box #)

5041 New Centre Drive

3. Mailing Office Address

1 N. Field Court

Suite, Apt. #, etc.

Suite 213

Suite, Apt. #, etc.

City & State

Wilmington, NC

City & State

Lake Forest, IL

Zip

28403

Country

USA

Zip

60045

Country

USA

7. Name and Address of Current Registered Agent

CT Corporation System

Street Address (P.O. Box Numbers Not Acceptable)

1200 South Pine Island Road

Suite, Apt. #, Etc.

Plantation

State

FL

Zip Code

33324

REINSTATEMENT

4. Data Incorporated or Qualified To Do Business in Florida

5. FEI Number
20-1687964

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

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 807.0505 or 817.0503, F.S.

Signature of Registered Agent

James M. Halpin
Assistant Secretary

Date 10-22-2007

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Troy A. Tiedman	1 N. Field Court	Lake Forest, IL 60045
Vice Pres	Judith P. Zelisko	1 N. Field Court	Lake Forest, IL 60045
Asst Sec	Marsha T. Vaughn	1 N. Field Court	Lake Forest, IL 60045
Director	Peter G. Leemputte	1 N. Field Court	Lake Forest, IL 60045

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 807 or 817, 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 807.0401 or 817.0401, 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:

Judith P. Zelisko

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/07

847-735-4700

Daytime Phone #