ASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. NT OF STATE APPLICATION **FOR** FILED DRPORATIONS 00 OCT 16 PM 2: 10 P93000036103 DOCUMENT # 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA BLUEWATER BAY YACHTS, INC. Principal Place of Business Mailing Address 290 YACHT CLUB DR 290 YACHT CLUB DR NICEVILLE FL 32578 NICEVILLE FL 32578 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 Date Incorporated or Qualified To Do Business in Florida 05/17/1993 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For 59-3180202 City & State City & State Not Applicable 6. \$8.75 Additional Fee required Zip Country Zip Country CERTIFICATE OF STATUS DESIRED 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) Street Address of Each Officer and/or Director Name of Officers City / State / Zip Title(s) and/or Directors **NICEVILLE FL 32578** 627 CARIBBEAN WAY HINELEY, RANDALL H PST LS 000003441570---10/27/00--01014--002 ****150.00 ****150.00 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Name CR2E040 (8/00) HINELY, RANDALL H Street Address (P.O. Box Number is Not Acceptable) **627 CARIBBEAN WAY** Suite, Apt. #, Etc. NICEVILLE FL 32578 City State | 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, Signature of Registered Agen REGISTEDED 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 filling 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.

ED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

ctober 12, 2000



BLUEWATER BAY YACHTS, INC

290 Yacht Club Dr. Niceville, FL 32578

Phone (850)897-4150 Fax (850)897-5968

E-mail:bwbyacht@nuc.net

To Whom It May Concern:

12 October 2000

On 11 October 2000 our office received a notice of Administrative Dissolution or Revocation. We never received any notice before this one stating that we needed to send in a report or other information to your office.

I called the phone number on the form to receive instructions on what was needed to reinstate our business. I was told that since we never received other notices, all we needed to do is send in the form provided and a check for the amount of \$150.00.

Please let us know if there are any further actions that are needed from our office. Thank you for your time.

Sincerely,

onow

Honour Davis

Bluewater Bay Yachts, INC

Office Manager