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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
02 MAR 15 PM 3:18
SECRETARY OF STATE
DIVISION OF CORPORATIONS

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 01-02

DOCUMENT # P94000002847

1. Corporation Name
BLUE TEAL CORPORATION

2. Principal Office Address	3. Mailing Office Address
8617 Vista Point Cove	8617 Vista Point Cove
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, FL	City & State: Orlando, FL
Zip: 32836 Country: USA	Zip: 32836 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 01/12/1994

5. FEI Number: 59-3218113 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED: [X]

7. Name and Address of Current Registered Agent

Name: W. Scott Callahan

Street Address (P.O. Box Number is NOT Acceptable): 37 North Orange Avenue

Suite, Apt. #, Etc.: Suite 200

City: Orlando — State: FL — Zip Code: 32801

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: _____ REGISTERED AGENT MUST SIGN — Date: 3/15/02

CR2E041 (5/00)

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	David W. Schwarz	8617 Vista Point Cove	Orlando FL 32836
V	Dave Clark	2250 Avenida Del Vera	N. Ft. Myers FL 33917

3/15

10. I certify that I am an officer or director of the reporter 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: _____ 1-941-731-4505
SIGNATURE AND TITLE OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #
Dave Clark, as its Vice President

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Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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CORPORATION REINSTATEMENT

BLUE TEAL CORPORATION

Certificate of Status	1
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