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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

02 MAR 15 PM 3:18

FILED
CLERK OF SUPERIOR COURT
DIVISION OF CORPORATIONS

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P94000002847

1. Corporation Name

BLUE TEAL CORPORATION

2. Principal Office Address

8617 Vista Point Cove

3. Mailing Office Address

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 Certified
To Do Business in Florida**

01/12/1994

5. FEI Number

59-3218113

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ **YES**

SEE INSTRUCTIONS TO SEE WHY, AND
HOW, TO OBTAIN CERTIFICATE OF STATUS

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 sections 607.0505 or 607.0509, F.S.

**Signature of
Registered Agent**



REGISTERED AGENT MUST SIGN

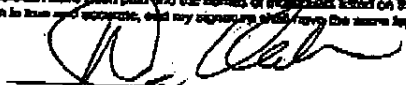
Date: 3/15/02

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
PD	David W. Schwarz	8617 Vista Point Cove	Orlando FL 32836
V	Dave Clark	2250 Avenida Del Vera	N. Ft. Myers FL 33917

10. I certify that I am an officer or director of the corporation or trustee empowered to execute this application as provided for in chapters 607 or 617, F.S. I further certify that when filing this reinstatement application, the reasons for dissolution have been eliminated, the corporate name satisfies the requirements of sections 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)(b), 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:



SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Dave Clark, as its Vice President

1-941-731-4505

Date

Signature Printed

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

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Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : STUMP, STOREY & CALLAHAN, P.A.
Account Number : I20000000161
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CORPORATION REINSTATEMENT

BLUE TEAL CORPORATION

Certificate of Status	1
Certified Copy	0
Page Count	01
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