PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

1998 JAN 27 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000037869

1. Corporation Name

Cobalt Blue, Inc.

Principal Place of Business	Mailing Address
636 Curtiswood Drive. Key Biscayne, Florida 33149	same

REINSTATEMENT AO 1/27 97-98

DO NOT WRITE IN THIS SPACE

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 Address, If Applicable
798 Crandon Blvd.	798 Crandon Blvd.
Suite, Apt. #, etc.: #1	Suite, Apt. #, etc.: #1
City & State: Key Biscayne, Fl.	City & State: Key Biscayne, Fl.
Zip: 33149 Country: USA	Zip: 33149 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 5/17/94

5. FEI Number: 65-0497418 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 (Additional fee required for certified copy)

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D S/T	Susan Pennell	798 Crandon Blvd.,#1	Key Biscayne, Florida 33149
			300002415323--8 -01/28/98--01108--021 ******8.75 ******8.75
			300002415323--8 -01/28/98--01108--020 ****900.00 ****900.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Bruce E. Lazar 1111 Lincoln Road Mall #500 Maimi Beach, Florida 33139	Name: A. Rosemary Sala Street Address (P.O. Box Number is Not Acceptable): 328 Crandon Blvd., Suite, Apt. #, Etc.: #202 City: Key Biscayne, Florida State: FL Zip Code: 33149

CR2E040 (12/95)

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.

Signature of Registered Agent _____ Date _____

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Susie Pennell 1/20/98 (305) 530-9700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #