

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

96 NOV 18 AM 10:55

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P94000057954

1. Corporation Name

BLUE LAKE ENTERPRISES, INC.



REINSTATEMENT 96 00

Principal Place of Business

ROUT 5 BOX 5  
PINE KEY FL 33043

Mailing Address

ROUT 5 BOX 5  
PINE KEY FL 33043

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

31500 O/S Hwy  
Big Pine Key Florida  
City & State

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.  
263 Key Deer Blvd  
Big Pine Key Florida  
City & State

4. Date Incorporated or Qualified  
To Do Business in Florida

08/05/1994

5. FEI Number

65-0523078

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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
DPST	CASTILLO, JOSE L	ROUT 5 BOX 5	PINE KEY FL 33043
			888882007878--0 -11/19/96--01081--017 *****375.00 *****375.00
			800002007878--0 -11/19/96--01081--018 *****8.75 *****8.75

8. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES, INC.  
1201 HAYS STREET  
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name  
CELESTINO BORRERO  
Street Address (P.O. Box Number is Not Acceptable)  
1120 CASTILLE AVE  
Suite, Apt. #, Etc.  
CORAL GABLES  
City  
Coral Gables  
State  
FL  
Zip Code  
33134

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

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 23/10/1996

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 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., 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:

JOSE L. CASTILLO M.D.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

305-872-1700