

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 JAN 20 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000057954**

1. Corporation Name

BLUE LAKE ENTERPRISES, INC.

2. Principal Office Address

31500 OVERSEAS Hwy.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 430506

Suite, Apt. #, etc.

City & State

Big Pine Key, FL

Zip

33043

Country

MONROE

City & State

Big Pine Key, FL

Zip

33043

Country

MONROE

REINSTATEMENT 99-0

4. Date Incorporated or Qualified
To Do Business in Florida

08/05/94

5. FEI Number

65 0523076

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

CELESTINO BORRON

Street Address (P.O. Box Number is Not Acceptable)

1120 Castille Avenue

Suite, Apt. #, Etc.

City

CORAL GABLES

State

FL

Zip Code

33145

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

X *[Signature]*

Date **01-17-00**

REGISTERED AGENT MUST SIGN

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	City / State / Zip
	(Deceased)	1577 Burtonwood DR.	
DPST	JOSE L. CASTILLO	P.O. BOX 430668	Big Pine Key, FL 33043
VPST	CELESTINO BORRON	1120 Castille Avenue	Coral Gables, FL 33145
VP	KIMBERLY H. POULSON	908 Stanley Drive	Fernandina Bch, FL 32035

10. 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:

X *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-17-00

Date

Daytime Phone #

KE