

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC -5 PM 12:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

500009872555  
12/05/02--01039--015 \*\*150.00



DOCUMENT # **P95000015892**

1. Corporation Name

**BLUE HARBOUR EXPORT CORPORATION**

Principal Place of Business

Mailing Address

~~2853 SE EAGLE DR~~  
~~PORT SAINT LUCIE FL 34984~~  
~~US~~

~~2853 SE EAGLE DR~~  
~~PORT SAINT LUCIE FL 34984~~  
~~US~~

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 Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

**02/24/1995**

**205 Marina Drive**

**205 Marina Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

**65-0562114**

Applied For

Not Applicable

City & State  
**Fort Pierce, Florida**

City & State  
**Fort Pierce, Florida**

Zip  
**34949**

Country  
**US**

Zip  
**34949**

Country  
**US**

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

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	4 City / State / Zip
D	KEATON, LISA A	2853 SE EAGLE DR	PORT SAINT LUCIE FL 34984
PVST	KEATON, LISA A	2853 SE EAGLE DR	PORT SAINT LUCIE FL 34984
D	KEATON, LISA A	205 MARINA DRIVE	FORT PIERCE, FL. 34949
PVST	KEATON, LISA A	205 MARINA DRIVE	FORT PIERCE, FL. 34949

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KEATON, LISA A  
2853 SE EAGLE DR  
PORT SAINT LUCIE FL 34984

Name

KEATON, LISA A

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

205 MARINA DRIVE

Suite, Apt. #, Etc.

City

FORT PIERCE

State

FL

Zip Code

34949

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Lisa A. Keaton*  
**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date **11-25-02**

11. 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:

*Lisa A. Keaton*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Lisa A. Keaton 11-25-02**

Date **11-25-02**

CR20040 (8/02)

BLUE HARBOUR EXPORT CORP.  
205 MARINA DRIVE  
FORT PIERCE, FL. 34949

DIVISION OF CORPORATIONS  
ANNUAL REPORT/REINSTATEMENT SECTION  
P.O. BOX 6327  
TALLAHASSEE, FL. 32314-6327

NOVEMBER 25, 2002

DEAR SIR/MADAM,

I AM ENCLOSING THIS LETTER WITH MY APPLICATION FOR REINSTATEMENT AS VERIFICATION THAT I DID NOT RECEIVE ANY PRIOR UBR NOTICES. I HAVE BEEN LOCATED AT A DIFFERENT ADDRESS SINCE LAST YEAR, (AS YOU WILL NOTE ON MY COMPLETED FORM).

MY COMPANY HAS ALSO BEEN INACTIVE, BUT IS NOW DOING SOME BUSINESS. I RECALLED THAT I HAD NEVER UPDATED MY CORPORATION STATUS, AND THIS PROMPTED ME TO CALL AND REQUEST THAT A FORM BE SENT TO MY CORRECT ADDRESS.

I APPRECIATE YOUR UNDERSTANDING ON THIS MATTER.

SINCERELY,

A handwritten signature in cursive script, appearing to read "Lisa A. Keaton".

LISA A. KEATON  
PRESIDENT