


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<p>APPLICATION FOR REINSTATEMENT</p>  <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>		<p>FILED</p> <p>96 DEC 13 PM 2:39</p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>																																	
<p>DOCUMENT # <u>995000027069</u></p>																																			
<p>1. Corporation Name <u>BLUE WATER GRAPHICS, INC.</u> <u>7977 SW JACK JAMES DRIVE</u> <u>STUART, FL. 34997</u></p>																																			
<p>Principal Place of Business</p> <p><u>7977 SW JACK JAMES DRIVE</u> <u>STUART, FL. 34997</u></p>		<p>Mailing Address</p>																																	
<p>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</p>																																			
<p>2. New Principal Office Address, If Applicable</p> <p>Suite, Apt. #, etc.</p> <p>City & State</p> <p>Zip Country</p>		<p>3. New Mailing Address, If Applicable</p> <p>Suite, Apt. #, etc.</p> <p>City & State</p> <p>Zip Country</p>																																	
		<p>4. Date Incorporated or Qualified To Do Business in Florida <u>APRIL 3, 1995</u></p>																																	
		<p>5. FEI Number <u>65-0576224</u></p>																																	
		<p>6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <u>38.75</u> Additional Fee required for a Certificate of Status</p>																																	
<p>7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Title(s)</th> <th style="width: 30%;">Name of Officers and/or Directors</th> <th style="width: 30%;">Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th> <th style="width: 30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>P/T</td> <td>DONALD N. MADER</td> <td>1605 US 1 D102 JUPITER, FL. 33477</td> <td>JUPITER, FL. 33477</td> </tr> <tr> <td>V/M</td> <td>ERIC SISITSKY</td> <td>13091 N. 49th ST</td> <td>ROYAL PALM, FL 33411</td> </tr> <tr> <td>S</td> <td>ROBERT M. BEGER</td> <td>3270 SW 42nd AVE</td> <td>PALM CITY, FL. 34990</td> </tr> <tr> <td></td> <td></td> <td></td> <td>300002030669--3</td> </tr> <tr> <td></td> <td></td> <td></td> <td>12/17/96 81079 000</td> </tr> <tr> <td></td> <td></td> <td></td> <td>****383.75 ****383.75</td> </tr> <tr> <td></td> <td></td> <td></td> <td><u>JB12-13-96</u></td> </tr> </tbody> </table>				Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip	P/T	DONALD N. MADER	1605 US 1 D102 JUPITER, FL. 33477	JUPITER, FL. 33477	V/M	ERIC SISITSKY	13091 N. 49th ST	ROYAL PALM, FL 33411	S	ROBERT M. BEGER	3270 SW 42nd AVE	PALM CITY, FL. 34990				300002030669--3				12/17/96 81079 000				****383.75 ****383.75				<u>JB12-13-96</u>
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<p>8. Name and Address of Current Registered Agent</p> <p><u>L. P. BRADIE</u> <u>819 S. FEDERAL HWY</u> <u>STUART, FL. 34994</u></p>		<p>9. Name and Address of New Registered Agent</p> <p>Name <u>ERIC SISITSKY</u> Street Address (P.O. Box Number is Not Acceptable) <u>13091 N. 49th ST</u> Suite, Apt. #, Etc. City <u>ROYAL PALM</u> State <u>FL</u> Zip Code <u>33411</u></p>																																	
<p>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.</p> <p>Signature of Registered Agent <u>Eric Sisitsky</u> Date <u>12-11-96</u> REGISTERED AGENT MUST SIGN</p>																																			
<p>11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)</p>																																			
<p>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.</p>																																			
<p>SIGNATURE: <u>Donald N. Mader</u> <u>DONALD N. MADER</u> <u>12-11-96</u> <u>561-286-2249</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</p>																																			

CR2000 (12/95)