

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

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DOCUMENT # **P95000027069**

1. Corporation Name

**BLUE WATER GRAPHICS, INC.**

Principal Place of Business

Mailing Address

7977 SW JACK JAMES DRIVE  
 STUART FL 34997

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 STUART FL 34997



REINSTATEMENT

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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 <b>04/03/1995</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>65-0576224</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City (State) Zip
<del>PT</del>	<del>MADER, DONALD M</del>	<del>561 SW TIMBER TR</del>	<del>STUART FL 34997</del>
<del>V</del>	<del>SISITSKY, ERIC</del>	<del>3840 SW SUNSET TR CIR</del>	<del>PALM CITY FL 34990</del>
<del>0</del>	<del>REGER, ROBERT M</del>	<del>3270 SW 42ND AVE</del>	<del>PALM CITY FL 34990</del>
PST	MADER, DONALD N	561 TIMBER TR	STUART FL 34997
V	Sisitsky, Eric	6643 SE Raintree Ave	Stuart FL 34997

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
SISITSKY, ERIC 7977 SW JACK JAMES DR STUART FL 34997		Name <b>LAWRENCE P. BRODIE</b>	
		Street Address (P.O. Box Number is Not Acceptable) <b>525 CAMPDEN AVENUE</b>	
		Suite, Apt. #, Etc.	
		City <b>STUART</b>	State <b>FL</b>
		Zip Code <b>34994</b>	

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 *Lawrence Brodie* Date 11/10/2000

REGISTERED AGENT MUST SIGN

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: *Donald N. Mader* **DONALD N. MADER** Date 11-10-00 Daytime Phone # 561-286-2249

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/00)