

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

DOCUMENT # **P95000027069**

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1. Corporation Name

BLUE WATER GRAPHICS, INC.

Principal Place of Business

Mailing Address

7977 SW JACK JAMES DRIVE
 STUART FL 34997

7977 SW JACK JAMES DRIVE
 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 04/03/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0576224	
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
PT	MADER, DONALD M	561 SW TIMBER TR	STUART FL 34997
V	SISITSKY, ERIC	3040 SW SUNSET TR CIR	PALM CITY FL 34990
O	REGER, ROBERT M	3270 SW 42ND AVE	PALM CITY FL 34990
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 **LAWRENCE P. BRODIE**
 Street Address (P.O. Box Number is Not Acceptable)
525 CAMDEN AVENUE
 Suite, Apt. #, Etc.

City **STUART** State **FL** Zip Code **34994**

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 P. Brodie
 REGISTERED AGENT MUST SIGN

Date **11/10/2000**

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

11-10-00

561-286-2249

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

AD

CR2E040 (8/00)