PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
97 DEC -2 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000047880**

1. Corporation Name

BLUE MONEY, INC.

Principal Place of Business	Mailing Address
C/O JENNIFER L. WHITELAW 800 HARBOUR DRIVE. SUITE 1000 NAPLES FL 33940	C/O JENNIFER L. WHITELAW 800 HARBOUR DRIVE. SUITE 1000 NAPLES FL 33940

REINSTATEMENT 97

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
Suite, Apt. #, etc.: 3420 FROSTY WAY #12	Suite, Apt. #, etc.: 3420 FROSTY WAY #12
City & State: NAPLES, FL 34112	City & State: NAPLES, FL
Zip: 34112 Country: Collier	Zip: 34112 Country: Collier

4. Date Incorporated or Qualified To Do Business in Florida: 06/15/1995

5. FEI Number: 65-0605919 ☐ Applied For ☐ Not Applicable

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

7. Names and Street Addressos 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	BUTLER, CINDY	3420 FROSTY WAY	NAPLES FL 33962

000023647 16 1
-12/05/97-01105-015
****758.75 ****758.75

8. Name and Address of Current Registered Agent

WHITELAW, JENNIFER L
800 HARBOUR DRIVE
SUITE 1000
NAPLES FL 33940

9. Name and Address of New Registered Agent

Name: CINDY BUTLER
Street Address (P.O. Box Number Is Not Acceptable): 3420 FROSTY WAY #12
Suite, Apt. #, Etc.:
City: NAPLES State: FL Zip Code: 34112

CR2E040 (8/97)

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: Cindy Butler (REGISTERED AGENT MUST SIGN) Date: 11-19-97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒ (See other side for information on Intangible tax.)

12. 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: Cindy Butler (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) 11-19-97 Date (941) 774-8945 Daytime Phone #