

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

1998 APR -3 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000005737

1. Corporation Name

Blue Canoe Enterprises, Inc.

Principal Place of Business

Mailing Address

**322 N.E. 8th Avenue
Delray Beach, FL 33483**

Same

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

January 18, 1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0649408

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres/ Dir	Lindsey D. Pankey III	322 N.E. 8th Avenue	Delray Beach, FL 33483

**800002481538--5
-04/07/98--01081--011
*****900.00 *****900.00**

REINSTATEMENT

4/20/98

8. Name and Address of Current Registered Agent

**Brown, Benjamin P. Esq.
140 Royal Palm Way #206
Palm Beach, FL 33480**

9. Name and Address of New Registered Agent

Name **Lindsey D. Pankey III**

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

322 N.E. 8th Avenue

Suite, Apt. #, Etc.

City

Delray Beach

State

FL

Zip Code

33483

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

Lindsey D. Pankey III

REGISTERED AGENT MUST SIGN

Date

4/20/98

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

Lindsey D. Pankey III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/98

CR2E040 (*296)