


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

NOV 30 PM 4:08

DOCUMENT # P96000024685

1. Corporation Name  
BLUE SEAS VENTURES, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

200 S. BISCAYNE BLVD. SUITE 1050 MIAMI FL 33131

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**REINSTATEMENT**

4. Date Incorporated or Qualified To Do Business in Florida 03/19/1996

5. FEI Number 65-0841726 APPLIED FOR

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

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable  
2204 NORTH BAY ROAD  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable  
2204 NORTH BAY ROAD  
Suite, Apt. #, etc.

City & State MIAMI BEACH, FL  
Zip 33140 Country USA

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	HOFFMAN, TODD W	2204 N. BAY ROAD	MIAMI BEACH FL 33140

8. Name and Address of Current Registered Agent

BENNETT, JOSH N ESQ.  
SCHANTZ, SCHATZMAN & AARONSON, P.A.  
200 S. BISCAYNE BLVD., SUITE 1050  
MIAMI FL 33131-2394

9. Name and Address of New Registered Agent

Name CANDIDA SEPTEMBRE  
Street Address (P.O. Box Number is Not Acceptable) 19690 N.E. 13 COURT  
Suite, Apt. #, Etc.

City NORTH MIAMI BEACH State FL Zip Code 33179

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 *Candida Septembre* REGISTERED AGENT MUST SIGN

Date 11/23/98

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)(f), 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: *[Signature]* **SIGNATURE REQUIRED**

11/23/98 305/672-8333

Signature and Title or Printed Name of Signing Officer or Director Date Daytime Phone #

CR20040 (9/98)