

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 MAR 13 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000074244

1. Corporation Name

Blue Lake Capital Corp.

800-456-8398
REINSTATEMENT
CR2E081 (12/08) 06-09

2. Principal Office Address - No P.O. Box #

5030 Champion Blvd

3. Mailing Office Address

150 E. Angeleno Ave.

Suite, Apt. #, etc.

G6 # 227

Suite, Apt. #, etc.

1426

City & State

Boca Raton, FL

City & State

Burbank, CA

Zip

33496

Country

USA

Zip

91502

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/06/1996

5. FEI Number
65-0703836

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Leonard Tucker

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

5030 Champion Blvd

Suite, Apt. #, Etc.

G6 # 227

City

Boca Raton

State

FL

Zip Code

33496

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 3-9-2009

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres/ S	Michelle Tucker	5030 Champion Blvd. G6 # 227	Boca Raton, FL. 33496
V.Pres	Leonard Tucker	5030 Champion Blvd. G6 # 227	Boca Raton, FL. 33496

10. 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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-9-2009

Daytime Phone #

561-414-0456