

APPROVED
AND
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

06 APR 24 PM 4:02

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000082614

1. Corporation Name

Blue Lake, Inc.

REINSTATEMENT

04-06 Doc

2. Principal Office Address

301 Yamato Road

3. Mailing Office Address

Suite, Apt. #, etc.

Suite 3101

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Zip

33431

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/07/1996

5. FEL Number

65-0697836

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

Morris Lewis Stoltz II

Street Address (P.O. Box Numbers Not Acceptable)

301 Yamato Road

600073771088

Suite, Apt. #, etc.

Suite 3101

05/03/06--01001--020 **150.00

City

Boca Raton FL 33431

State

FL

Zip Code

33431

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

[Signature]

Date

REGISTERED AGENT MUST SIGN

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
DP	Morris L. Stoltz II	301 Yamato Road	Boca Raton, FL

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/06

Date

(561)
998-3311

Daytime Phone #