

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 DEC 22 AM 11:15

TALLAHASSEE, FLORIDA

DOCUMENT # 196000092529

**1. Corporation Name**

Bluewater Builders A.B.A. Inc.

**2. Principal Office Address**

715 Fawcett Dykes Rd.

Suite, Apt. #, etc.

City & State

St. Augustine FL

Zip

32086

Country

St. Johns

**3. Mailing Office Address**

P.O. Box 1683

Suite, Apt. #, etc.

City & State

St. Augustine FL

Zip

32085

Country

St. Johns

**4. Date Incorporated or Qualified  
To Do Business in Florida**

11-7-96

**5. FEI Number**

59329422

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

Carolyn Elaine Mathis

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

715 Fawcett Dykes Rd.

Suite, Apt. #, Etc.

City

St. Augustine

State

FL

Zip Code

32086

**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

Carolyn E. Mathis

Date 12-17-03

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
<u>Pres.</u>	<u>Carolyn Elaine Mathis</u>	<u>715 Fawcett Dykes Rd.</u>	<u>St. Augustine, FL 32086</u>

**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 under section 119.07(3)(l), 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.**

Carolyn E. Mathis

SIGNATURE:

Carolyn E. Mathis President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-20-03

904-669-9720

Date

Daytime Phone #

CR2E081 (10/02)