

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC 26 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000092013

1. Corporation Name

BLUE WATER GUIDE, INC.

Principal Place of Business

97652 OVERSEAS HWY.
KEY LARGO FL 33037

Mailing Address

P.O. BOX 219
TAVERNIER FL 33070



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

10/27/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0790831

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	PANDOLFE, JOHN III	172 PLANTATION DR	TAVERNIER FL 33070
D	PANDOLFE, JUDITH	12 BARLEY HILL RD	OLD SAY BROOK CT 06475

100009650031
12/24/02--01004--015 **150.00

8. Name and Address of Current Registered Agent

PANDOLFE, JOHN III
172 PLANTATION DR
TAVERNIER FL 33070

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

John Pandolfe
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

12-1-02

11. 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:

John Pandolfe
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (8/02)

12-1-02

DEAR SIR,

I JOHN PANDOLFE ~~III~~ DID NOT RECEIVE
PREVIOUS DOCUMENTS, FROM YOU, DUE TO
A FIRE IN MY HOUSE. I AM
SUBMITTING APPLICATION WITH A CHECK
FOR - 150.⁰⁰ AS PER PHONE CONVERSATION
- I AM IN CT. LIVING FOR NOW
WHILE MY HOME IS BEING ~~REPAIRED~~.

THANK YOU

JOHN PANDOLFE ~~III~~

860 388-0649

860 575-2505

12 Barley Hill Rd.

Old Saybrook, Ct. 06475