

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV 18 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000098345**

1. Corporation Name

CR BLUEWATER ENTERPRISES, INC.
~~6004000037797~~

2. Principal Office Address

9 SW 13th St

Suite, Apt. #, etc.

Suite 2

City & State

Ft Lauderdale FL

Zip

33315

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

01-04

4. Date Incorporated or Qualified
To Do Business in Florida

11/18/1997

5. FEI Number

65-0795816

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

Sean Johnson

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

9 SW 13th St

Suite, Apt. #, Etc.

City

Ft Lauderdale

State

FL

Zip Code

33315

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]
REGISTERED AGENT MUST SIGN

Date **11/16/04**

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 |
|------------|--------------------------------------|---|---|
| P/D | Chris Ramos | 9 SW 13th St Ste 2 | Ft Lauderdale, FL 33315 |
| V | Charlene Ramos | 9 SW 13th St Ste 2 | Ft Lauderdale, FL 33315 |
| | | | 800041822368 10/12/04--01053--003 **150.00 |
| | | | 800041822368 10/12/04--01053--004 **150.00 |
| | | | 800041822368 10/12/04--01053--005 **150.00 |
| | | | 800041822368 11/01/04--01062--002 **150.00 |

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-7-04

Daytime Phone #

CR2E081 (9/01)

Johnson Andrews P.A.
ACCOUNTANTS AND CONSULTANTS



Florida Department of State Division of Corp
PO Box 6327
Tallahassee, FL 32314

7-16-04

To Whom It May Concern:

I am writing this letter to inform you that I never received my 2001, 2002 & 2003 Uniform Business Report. Upon calling the Department of Revenue I was informed that the report had been sent to the wrong address. It should have been sent to 9sw 13th Street Suite 2 and it was not. Per the Department of Revenue, I am writing this letter and enclosing 3 checks for the \$150.00 each for the original fee. I respectfully request that the Department of Revenue process my UBR and check, in addition wave all late fees.

If you have any questions, please contact me.

Sincerely,

Charlene Ramos