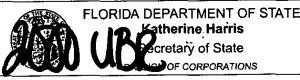
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR



lof2

DOCUMENT#

P98000061163

1. Corporation Name

BLUE BAY OUTFITTERS, INC.

Principal Place of Business

Mailing Address

47 HWY 98 E DESTIN FL 32541 47 HWY 98 E DESTIN FL 32541 FILED 00 0CT 20 PM 5: 35

SECRETARY OF STATE TALLAHASSEE FLORIDA



ldresses are in	correct in any way, line t	nrough incorrect in	information an	d enter correction below.				
			New Mailing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 07/09/1998		
Suite, Apt. #, etc.			t, etc.	. •	5. FEI Numbe			
City & State			City & State		59-3522757		Not Applicable	
Zip Country Zip			Country		6. CERTIFICATE OF STATUS DESIRED for a Certificate of Status			
nd Street Add	resses of Each Officer an	d/or Director (Fig	orida nonprofit	corporations must list at le	east 3 directors)			
Name of Officers Title(s) and/or Directors			Street Address of Each Officer and/or Director		ch	City / State / Zip		
STEELE, ALAN R			244 PARKWOOD CIR			NICEVILLE FL 32578		
D STEELE, LOUISE P			244 PARKWOOD CIR			NICEVILLE FL 32578		
			4667	windstarr D		Destin, FL 3.	2541	
					3	00003457 -11/09/00 ****150.00	'9737 01011024 ****150.00	
				-			<u> </u>	
8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent			
CREW & CREW, P.A. 25 NE BEAL PKWY, STE 210 FORT WALTON BEACH FL 32548				Name - Street Address	dress (P.O. Box Number is Not Acceptable)			
				Suite, Apt. #, Etc.				
				City		FL	Zip Code	
appointed the Agent	Ula 76	bove named corp	121	" " (1)	obligations of Sec	Date 10/16/06)	
	street Add STEELE, A STEELE, L 8. Name 8. CREW, F BEAL PKW WALTON BE	Country Ind Street Addresses of Each Officer and Name of Officers and/or Directors STEELE, ALAN R STEELE, LOUISE P 8. Name and Address of Current & CREW, P.A. BEAL PKWY, STE 210 WALTON BEACH FL 32548 appointed the seastfered agent of the address of the	cipal Office Address, If Applicable , etc. Suite, Apt. # City & State Country Zip Ind Street Addresses of Each Officer and/or Director (Fit Name of Officers and/or Directors) STEELE, ALAN R STEELE, LOUISE P 8. Name and Address of Current Registered Age & CREW, P.A. BEAL PKWY, STE 210 WALTON BEACH FL 32548 appointed the segistered agent of the above named care agent	cipal Office Address, If Applicable i, etc. Suite, Apt. #, etc. City & State Country Zip Ind Street Addresses of Each Officer and/or Director (Florida nonprofit Name of Officers and/or Directors STEELE, ALAN R STEELE, LOUISE P 244 PAR STEELE, LOUISE P 244 PAR BEAL PKWY, STE 210 WALTON BEACH FL 32548 Agent	Suite, Apt. #, etc. City & State Country Agent Country Zip Country Zip Country Country Agent Country Zip Country Country Country Country Country Country Agent Country Coun	cipal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 5. FEI Number 10 Oo Bus 6. City & State Country Zip Country Country Country Country Country Country Country Ame of Officers and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director STEELE, ALAN R STEELE, LOUISE P 244 PARKWOOD CIR 45. Name and Address of Current Registered Agent 9. Name and Name 7. & CREW, P.A. BEAL PKWY, STE 210 WALTON BEACH FL 32548 City appointed the registered agent of the above named carporation, am familiar with and accept the obligations of Sections Agent Agent	cipal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 5. FEI Number 5. FEI Number 59-3522757 6. CERTIFICATE OF STATUS DESIRED 1. Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 1. Name of Officers and/or Directors 2. Name of Officers and/or Directors 3. Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 5. FEI Number 59-3522757 6. CERTIFICATE OF STATUS DESIRED 58. Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 5. STEELE, Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 5. STEELE, Address of Each Officer and/or Director (Florida nonprofit corporation in must list at least 3 directors) 5. STEELE, Address of Each Officer and/or Director (Florida nonprofit corporation in must list at least 3 directors) 5. STEELE, Address of Each Officer and/or Director (Florida nonprofit corporation in must list at least 3 directors) 5. STEELE, Address of Each Officer and/or Director (Florida nonprofit corporation in must list at least 3 directors) 5. STEELE, Address of Each Officer and/or Director (Florida nonprofit corporation in must list at least 3 directors) 5. STEELE, Address of Each Officer and/or Director (Florida nonprofit corporation in must list at least 3 directors) 5. STEELE, Address of Each Officer and/or Director (Florida nonprofit corporation in must list at least 3 directors) 5. STEELE, Address of Each Officer and/or Director (Florida nonprofit corporation in must list at least 3 directors) 6. CERTIFICATE OF STATUS DESIRED 7. STEELE, ADDRESS of Each Officer and/or Director (Florida nonprofit corporation in must list at least 3 directors) 7. STEELE, ADDRESS of Each Officer and/or Director (Florida nonprofit corporation in mus	

1. 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

10/16/00 850-650 -6968

0103952



Department of state.

I sent in the application with Check

Number 1679 for the amount of \$150,00 on

March 3 2000. I'm Not sure what happened

to it after that Check number 1679 has

Not cleared so I have resemed this Check

For the same amount

Please Call if you have any questions

Thanks, Classiant Ahr Steele President