

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # P99000036410

1. Corporation Name

PALM COAST BLUE WATER INTERNATIONAL CORPORATION

Principal Place of Business

21 OLD KINGS ROAD NORTH,
SUITE B101
PALM COAST, FL 32137

Mailing Address

21 OLD KINGS ROAD NORTH,
SUITE B101
PALM COAST, FL 32137

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

04 347 6044

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D/P/T	VALERIE KAN	21 OLD KINGS ROAD NORTH SUITE B101	PALM COAST, FL 32137
VP/S	WILLIAM HARKINS	21 OLD KINGS ROAD NORTH SUITE B101	PALM COAST, FL 32137

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****758.75 ****758.75

8. Name and Address of Current Registered Agent

RICHARD BRAUNSTEIN
CHIUMENTO, BRAUNSTEIN & EMERY, P.A.
4 OLD KINGS ROAD NORTH, STE. B
PALM COAST, FL 32137

9. Name and Address of New Registered Agent

Name MICHAEL D. CHIUMENTO
Street Address (P.O. Box Number is Not Acceptable)
4 OLD KINGS ROAD NORTH, SUITE B
Suite, Apt. #, Etc.
City PALM COAST State FL Zip Code 32137

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/16/00

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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

10/17/00

Date

904-446-8100

Daytime Phone #