

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 FEB 23 AM 10:34

DOCUMENT # P99000104796

1. Corporation Name

Bluewater Crafts Inc.

2. Principal Office Address

200 leslie Dr.

Suite, Apt. #, etc.

523

City & State

Hallandale Florida

Zip

33009

Country

USA

3. Mailing Office Address

200 leslie Dr.

Suite, Apt. #, etc.

523

City & State

Hallandale Florida

Zip

33009

Country

USA

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

December 03, 1999

5. FEI Number

65-0965343

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

Richard Locke

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

200 leslie Dr. # 523

Suite, Apt. #, Etc.

523

City

Hallandale

600003784456-4

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****308.75 ****308.75

State

FL

Zip Code

33009

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]

Date 02/20/02

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
All	Richard Locke	200 leslie Dr. # 523	Hallandale Fl. 33009
Pres/Secy	Richard Locke	200 leslie Dr. # 523	Hallandale FL 33009

AD

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] Richard Locke

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/20/01 (954) 471-7068

Date

Daytime Phone #

CR2E081 (9/00)