

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 22 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S75388**

1. Corporation Name

BLUEWATER FLOORING, INC.

Principal Place of Business

Mailing Address

4110 GULF BREEZE PKWY
GULF BREEZE FL 32563
US

4110 GULF BREEZE PKWY
GULF BREEZE FL 32561
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

32563

4. Date Incorporated or Qualified
To Do Business in Florida

08/18/1991

5. FEI Number

59-3077359

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	ELMORE, ROBERT E	414 NORWICH DRIVE	GULF BREEZE FL

800024014638
10/22/03--01055--009 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ELMORE, ROBERT E
4110 GULF BREEZE PKWY
GULF BREEZE FL 32563

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

Robert Elmore
REGISTERED AGENT MUST SIGN

Date **10/20/03**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Elmore

Date

Daytime Phone #

10/20/03 850 934 9652

CP2ED40 (7/03)

BLUEWATER FLOORING
4110 GULF BREEZE PARKWAY
GULF BREEZE, FL 32563
(850) 934-9652 FAX (850) 934-1717

October 20, 2003

FLORIDA DEPARTMENT OF STATE
Division of Corporations
Annual Report/Reinstatement Section
P O Box 6327
Tallahassee FL 32314-6327

RE: Document # S75388

TO WHOM IT MAY CONCERN:

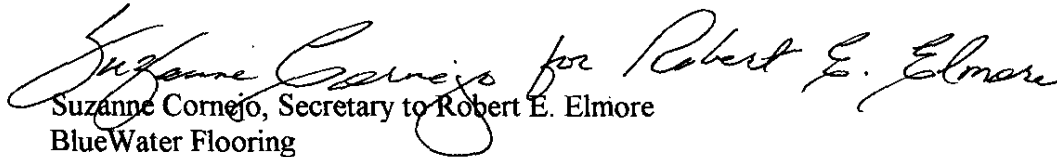
I am writing to request a waiver of the reinstatement fee.

Apparently the annual fee was not sent. Enclosed is a check for the \$150.00.

This was strictly a clerical error and by no means intentional. There have been a number of changes in the clerical position and unfortunately things were accidentally overlooked. Now that I am aware of this annual report/fee, I will know what to expect and place a reminder on my calendar.

Your understanding and consideration in this matter would be greatly appreciated.

Thank you,


Suzanne Cornejo, Secretary to Robert E. Elmore
BlueWater Flooring