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

REINSTATEMENT 03

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 32563 / Country

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

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

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State: FL | Zip Code

CR2E040 (7/03)

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: Robert Elmore — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 10/20/03 — Daytime Phone #: 850 934 9652

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 for Robert E. Elmore

Suzanne Cornejo, Secretary to Robert E. Elmore
BlueWater Flooring