

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 DEC -1 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JB

REINSTATEMENT

CR2E081 (10/08)

DOCUMENT # P04000052913

1. Corporation Name

Bluewater Chemgroup, INC.
PO Box 11617
Fort Wayne, In 46859-1617

2. Principal Office Address - No P.O. Box #

501 Gulf Dr.

Suite, Apt. #, etc.

Unit 206

3. Mailing Office Address

PO Box 11617

Suite, Apt. #, etc.

City & State

Bradenton Beach, FL

City & State

FORT WAYNE, IN

Zip

34217

Country

USA

Zip

46859-1617

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/22/04

5. FEI Number

571202329

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

NRAI Services INC.

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

2731 Executive Park Dr.

Suite, Apt. #, Etc.

Suite 4

City

Weston

State

FL

Zip Code

33331

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

By: Amy Purdy

Amy Purdy, Assistant Secretary

REGISTERED AGENT MUST SIGN

Date 11/11/08

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
VD	BRETT ZACHARY	501 Gulf Dr., Unit 206	Bradenton Beach, FL 34217
STD	Kevin Appenzeller	501 Gulf Dr., Unit 206	Bradenton Beach, FL 34217

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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 contained in Chapter 119, 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:

Brett Zachary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nov. 19 2008

Date

Daytime Phone #