

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 20 AM 10:17

DOCUMENT # 752888

1. Corporation Name

WEST FLORIDA LIGHTNING AQUATICS, INC.

Principal Place of Business

Mailing Address

~~P O BOX 290~~
~~LARGO FL 34643~~

~~P O BOX 290~~
~~LARGO FL 34643~~



REINSTATEMENT 00

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

2. New Principal Office Address, If Applicable <i>WFLA</i>		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 06/11/1980	
Suite, Apt. #, etc. <i>13120 Vonn Road</i>		Suite, Apt. #, etc. <i>P.O. Box 1144</i>		5. FEI Number 59-6582968	
City & State <i>LARGO, FL</i>		City & State <i>INDIAN ROCKS BEACH, FL</i>		Applied For Not Applicable	
Zip <i>33774</i>		Country <i>U.S.A.</i>		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City & State
PP	GENTRY, ELBERT	3072 KEENE PARK DR	LARGO FL 33771
PD	MOREAU, PATRICIA	7949 IVYWOOD RD.	LARGO, FL 33777
PD	TESSIER, PAUL	13379 SORRENTO DR	LARGO FL 33774
VD	COULOMBE, DAWN	5010 MYRTLE LANE	ST. PETERSBURG, FL 33708
SD	MOREALL, PATTY	7949 WYWOOD RD	LARGO FL 33777
SD	CROMER, JAYNE	12090 77 th ST. NORTH	LARGO, FL 33773
VPD	ALDRICH, SHARMAN	14290 02 TERRACE N	SEMINOLE FL 33776
TD	MOSES, PATRICIA	14195 SIESTA ROAD	LARGO, FL 33774
TD	NISSEN, TRISH	4463 FALLBROOK BLVD	PALM HARBOR FL 34685
D	MORTEN, CINDY	13328 93RD. AVE. NO.	SEMINOLE, FL 33776
AST	FRANCIS, BARBARA	12256 03 STREET NORTH	LARGO FL 33773
D	TESSIER, PAUL	13379 SORRENTO DR.	LARGO FL 33774

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
GENTRY, ELBERT 3072 KEENE PARK DRIVE LARGO FL 34641		Name <i>PATRICIA MOREAU</i> Street Address (P.O. Box Number is Not Acceptable) <i>7949 IVYWOOD RD.</i> Suite, Apt. #, Etc. City <i>LARGO</i> State <i>FL</i> Zip Code <i>33777</i>	

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: *Patricia Moreau* REGISTERED AGENT MUST SIGN Date: *Oct. 17, 2000*

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: *Patricia Moses* Treasurer Date: *Oct. 17, 2000* Daytime Phone #: *5960857*