PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| <u> </u> | `- <u></u> | | | | | | | | |
|---------------------------------|--|---|---|--|---|----------------------|-----------------------|---|--|
| | | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | | 03 MAY 121 AM 8: 09 | | | | | |
| | | | | SECRETARY OF STATE TALLAHASSET, FLORIDA | | | | | |
| DOCU | JMENT # I | N08790 | | | | | | | |
| | WATERS (NERS' ASS(| | | PROPERTY | } | | | | |
| · ' | | | Office Address X 10184 | 50 05/12/ | 500013806785 05/12/0301070005 **122.50 | | | | |
| Suite, Apt. | ŧ, etc. | | Suite, Apt. #, | etc. | | | 1 | | |
| | | | 4. Date Incorporated or Qualified To Do Business in Florida 04, | | | 5 | | | |
| City & State SPRING HILL, FL | | | BROOKSVILLE, FL | | 5. FEI Number 59-26 | FO 000000F | | Applied For Not Applicable | |
| Zip 34607 | USA | • | 34603 | USA | 6. CERTIFICATI | OF STATUS (| | ditional Fee required ertificate of Status | |
| · | | · · | 7. N | lame and Address of Current Registe | ered Agent | | · · | | |
| | Name JOHN | J FRANKLI | N JR | | , = e | ا بالمحب | | | |
| • | Street Address (P. | Street Address (P.O. Box Number is Not Acceptable) 19201 CORTEZ BOULEVARD | | | | | | | |
| Suite, Apt. #, Etc. | | | | | | | | | |
| City BROOKSVILLE | | | | | | Zip Code 34601 | | | |
| 8. I, being | appointed the registe | ned agent of the abo | ve named corpo | oration, arrivamiliar with and accept the o | obligations of secti | on 607.0505 | or 617.0503, F.S. | | |
| Signature of Registered Agent | | | | | | Date (| 05/07/03 | | |
| | | RE | GISTERED AG | ENT MUST SIGN | | | | | |
| 9. Names | and Street Addresse | s of Each Officer and | Vor Director (Flo | orida nonprofit corporations must list at le | | | | | |
| Titles | Office | Name of ers and/or Directors | · | Street Address of Each Officer and/or Director | | | City / State / Zip |) | |
| PD | MICHAEL GU | ARINO | | 7268 CRYSTAL SPRING RUN | | SPRING HILL FL 34607 | | | |
| VPD | Stephen-Toner | | | 4154 Waters Way= | | SPRING HILL FL 34607 | | | |
| TD | CRISTINE MOORS | | | 6152 WATERS WAY | | SPRING HILL FL 34607 | | | |
| SD | ELIZABETH FALKOWSKI | | | 6158 NEW OSPREY POINTE | | SPRING HILL FL 34607 | | | |
| D | Mark Guerin | | | 1280 Crystal Spring Run | | Sprin | 9 Hill FL | 34607 | |
| <u></u> | Brian Roebuck | | | 4162 New Osprey Pointe | | Sprin | AHILI FL | 34607 | |
| this rei | nstatement application by the corporation hav | n, the reason for diss e been paid and the | olution has beer names of individ | mpowered to execute this application as a eliminated, the corporate name satisfie that is tested on this form do not qualify for the same legal effect as if made under the sa | provided for in cha s the requirements an exemption und | of section 60 | 7.0401 or 617.0401, F | .S., that all fees | |
| SIGNA | TURES - C | alle | | CRISTINE MOORS, | TREASI C | 5/08/03 | (352) 592 | 2-3962 | |
| | | E AND TYPED OR PR | NTED NAME OF | SIGNING OFFICER OR DIRECTOR | | Date | Daytime Pl | none # | |

g1 5/20

ALL APPLICATIONS NOT COMPLETED IN ACCORDANCE WITH THESE INSTRUCTIONS WILL BE RETURNED FOR CORRECTION(S). PLEASE READ ALL INSTRUCTIONS CAREFULLY.

INSTRUCTIONS FOR COMPLETING THE REINSTATEMENT APPLICATION

- Block 1 Enter the corporation name & document number on file with the Secretary of State in Block 1. The NAME of the corporation can be changed only by filing an amendment.
- **Block 2** Type or print principal office address in Block 2.
- Block 3 Type or print the mailing address in Block 3. (NOTE: Annual reports will be mailed to the last known mailing address. Reports are not mailed to the registered office address.)
- **Block 4** Enter the date of incorporation or qualification for this corporation.
- Complete Block 5 by entering your Federal Employer Identification (FEI) number or checking off the appropriate box. If "applied for" was previously reported to this office, you MUST now include the FEI number or attach a photocopy of your application for the FEI number to this form or this application will be rejected. Call Internal Revenue Service at 1-800-829-1040 for FEI assistance.
- Block 6 Your cancelled check will be your filing acknowledgment unless a certificate of status is requested in Block 6 and an additional \$8.75 is submitted to cover its fee. Certificates of status will be mailed to the corporate mailing address unless accompanied by a cover letter indicating the name and address to whom the certificate should be mailed.
- Block 7 Enter name of the registered agent and/or address. (The registered office address must be a Florida street address.)
- Block 8 The designated registered agent must indicate familiarity with Section 607.0505, F.S., or 617.0503, F.S., and acceptance of its obligations and this appointment by completing and signing in Block 8. ALL REINSTATEMENTS MUST BE SIGNED BY THE REGISTERED AGENT in accordance with Section 607.1422(1)(b) or 617.1422(1)(b), F.S. If the registered agent does not sign, the application will be rejected.
- Type or print the current officers/directors in the space provided in Block 9. Attach a separate sheet if necessary. In column 1 use the following or similar letters to designate appropriate corporate title(s): P=President, T=Treasurer, S=Secretary, V≈Vice President, − D=Director, C=Chairman, M=Manager, etc. If a person holds more than one position, enter all positions, e.g. S/D, V/D, P/V/D. A FLORIDA NONPROFIT CORPORATION MUST LIST ALL DIRECTORS (OR PERSON ACTING IN SUCH CAPACITY) THE NUMBER OF WHICH MAY NOT BE LESS THAN THREE (3) DIRECTORS OR TRUSTEES WITH THEIR STREET ADDRESSES. The letter "D" or "T" must appear beside the name and address of each director or trustee in the title portion. NOTE: A director must be a natural person 18 years of age or older. Florida Statutes requires a physical street address be given. The provision of a post office box in Block 9 is an affirmation under oath that no other address is available. If no officers/directors were previously given, they must now be designated.
- Block 10 This report must be signed by an officer or a director of the corporation that is listed in Block 9 or on an attachment. If the corporation is in the hands of a receiver, it must be signed by the trustee or receiver.

MAKE CHECKS PAYABLE TO DEPARTMENT OF STATE.

| FEES: | Reinstatement Fee Annual Report Fee Corporate Supplemental Fee | PROFIT CORPORATION \$600.00 \$ 61.25 (for each year dissolved) \$ 88.75 (for each year dissolved 1992 forward) | NON-PROFIT CORPORATION \$175.00 \$ 61.25 (for each year dissolved) N/A |
|-------|--|--|---|
| | (Profit Corporations only) | | |

Minimum Amount Due \$750.00 236.25

| Fees to Reinstate* Effective January 1, 2003 | | | | | | |
|--|-------------|----------------|--|--|--|--|
| YEAR | IF A PROFIT | IF A NON-PROFI | | | | |
| DISSOLVED | CORPORATION | CORPORATION | | | | |
| 1993 | \$2,250.00 | \$848.75 | | | | |
| 1994 | 2,100.00 | 787.50 | | | | |
| 1995 | 1,950.00 | 726.25 | | | | |
| 1996 | 1,800.00 | 665.00 | | | | |
| 1997 | 1,650.00 | 603.75 | | | | |
| 1998 | 1,500.00 | 542.50 | | | | |
| 1999 | 1,350.00 | 481.25 | | | | |
| 2000 | 1,200.00 | 420.00 | | | | |
| 2001 | 1,050.00 | 358.75 | | | | |
| 2002 | 900.00 | 297.50 | | | | |
| 2003 | 750.00 | 236.25 | | | | |

^{*}If dissolved prior to 1993, call 850-245-6059 for filing fee information.

Mailing Address:

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Courier Service Address:

Department of State Division of Corporations 409 East Gaines St. Tallahassee, FL 32399

Internet Address:

http://www.sunbiz.org

(850) 245-6059

Hearing/Voice Impaired may call (850) 245-6096 (TDD)

^{*}Add additional \$8.75 for each certificate of status requested.

Franklin & Company, RRC

Accounting, Taxes, & Consulting for Business

19201 Cortez Boulevard Brooksville, FL 34601 Telephone number (352) 797-4800 Fax number (352) 797-6007

May 7, 2003

Department of State Division of Corporations Reinstatement Section P.O. Box 6327 Tallahassee, FL 32314

Re:

N08790

Waters of Weeki Wachee Property Owners Association, Inc.

Dear Sir:

We are writing to you on behalf of our client, referenced above. It has come to our attention that our client has not received either their 2002 or 2003 Uniform Business Reports (UBR) from the state. Please note that we suspect it is due to the fact that the mailing address as previously listed on the 2001 UBR is not a valid mailing address any longer. As such, we request that you accept our client's reinstatement form, along with their payment of \$122.50 representing the \$61.25 fee for 2002 and 2003.

Thank you in advance for your assistance in this matter. Please feel free to contact me should you have any questions.

Respectfull

ohn J. Franklin, Jr.

JJF:djm Enclosures