

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY 10 AM 8:00

DOCUMENT # **N17556**

1. Corporation Name
Belfort South Storm Water Management, Inc.

2. Principal Office Address
**8917 Western Way #
Suite 4
Jacksonville FL
32256 USA**

3. Mailing Office Address
**8917 Western Way
Suite 4
Jacksonville, FL
32256 USA**

REINSTATEMENT 03-04
MRS

4. Date Incorporated or Qualified To Do Business in Florida **Oct. 28 1986**
5. FEI Number **59-2729132** Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED **\$375 Additional Fee required for Certificate of Status**

7. Name and Address of Current Registered Agent

Name **Fred Elefant, P.A.**
Street Address (P.O. Box Number is Not Acceptable) **71650 Prudential Drive
800035823608
05/10/04--01086--011 **297.50**
Suite, Apt. #, Etc.
City **Jacksonville** State **FL** Zip Code **32207**

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 **[Signature]** Date **5/5/04**
REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres/PO	W. Alex Coley	8917 Western Way #6	Jacksonville, FL 32217
VO	Ed Washington	4190 Belfort Rd #1100	Jacksonville, FL 32214
STD	Henry Pratt	One Independent Dr. #114	Jacksonville, FL 32202

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 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]** Date **5/5/04** Daytime Phone # **904/363/9002**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)