PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 27 AM 9:27
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P00000052204

1. Corporation Name

Protective Water Proofing, Inc.

REINSTATEMENT 01-03

900024169089
10/27/03--01070--013 **450.00

2. Principal Office Address	3. Mailing Office Address
124 Live Oak Street	124 Live Oak Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Niceville, FL	City & State: Niceville, FL
Zip: 32578 Country: US	Zip: 32578 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 5/26/00

5. FEI Number: 59-3652282 ☐ 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: Sam V. McNally

Street Address (P.O. Box Number is Not Acceptable): 124 Live Oak Street

Suite, Apt. #, Etc.:

City: Niceville State: FL Zip Code: 32578

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: Sam V. McNally Date: 10/19/03

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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	Sam V. McNally	124 Live Oak Street	Niceville, FL 32578

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: Sam V. McNally Sam McNally 10/19/03 850/685-0755

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

jr 10/30

124 Live Oak Street
Niceville, FL 32578
October 20, 2003

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

RE: Reinstatement of Protective Water Proofing, Inc.

Dear Sir or Madam:

Enclosed is my $450 payment for three annual renewals for the above referenced Florida corporation. Also enclosed is my completed corporate reinstatement form.

Please waive the $600 reinstatement fee since I did not receive the annual UBR form for any of the years since the creation of my corporation (5/30/00). Neither the accountant who created my corporation and became the registered agent nor the new accountant I hired advised me of the need to file an annual renewal with a payment.

Please note my election to be the Registered Agent of the reinstated corporation.

The former registered agent is:

Whitehead, R. Scott Esq.
Weimorts & Whitehead P. A.
4507 Furling Lane Ste. 209
Destin, FL 32541

The former principal and mailing address of the corporation is:

100 Meadow Woods Lane
Niceville, FL 32578

Thank you for your assistance.

Sincerely,

Sam V. McNally
850/685-0755